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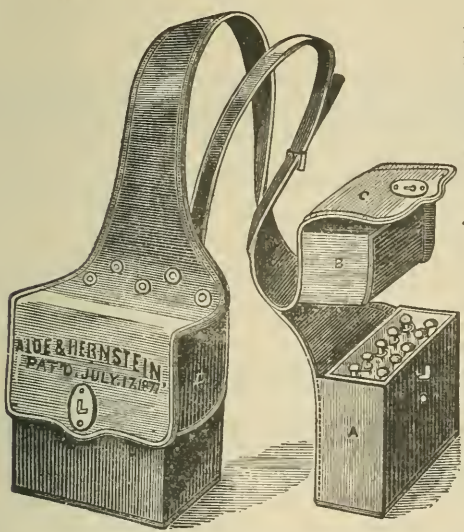

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☞The Editors hold themselves responsible for the Character of the Contributions, but not for the Opinions expressed in them.

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THIS PREPARATION
Contains from three to five times the Medicinal and Nutritive elements found in the Extract of Malt.

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In support of our claims we invite the attention of the profession to the following points, viz.:

FIRST: In the manufacture of MALTINE the evaporation necessary to reduce it to its great density is conducted in vacuo, at a temperature ranging from 100° to 120° Fahr.; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity, possessing little virtue aside from the saccharine matter which it contains.*

SECOND: Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium and *Potassium* are essential elements in the food of man, and it is only in MALTINE, containing the combined properties of malted *Barley*, *Wheat* and *Oats* that all these principles can be found in the proper proportions; Extract of Malt made from *Barley alone* is wanting in some of the most important of these elements.

THIRD: Gluten is the most nutritious principle found in the cereals, and is the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. MALTINE contains twenty times the quantity of *Gluten* found in any Extract of Malt.

FOURTH: LIEBIG says "Wheat and Oats stand first among our list of cereals in combining all the elements in proportion necessary to support animal life. They are especially rich in muscular and fat producing elements." The only reason we use Malted Barley in the manfacture of MALTINE is that it contains larger proportions of mineral matter (bone producers.) and Diastase. It is deficient in all other essential elements.

We believe that any practitioner will readily recognize the superiority of MALTINE, and request a trial and comparison of merits with any article offered for similar uses.

* As a sure test for Diastase, and the Albuminoids a small quantity should be put in a test tube or small vial, largely diluted with Water, and heated to the boiling point, when the Albumen, if present, will coagulate, and appear in little flocculent particles throughout the liquid. If the extract remains clear, it is proof that it had already been coagulated by excessive heat, and removed by filtration during the process of manufacturing. Any heat which will coagulate Albumen will inevitably destroy the digestive power of Diastase.

The Nitrogenous constituents of MALTINE have a composition identical with that of the chief constituents of the Blood, and therefore contain nearly every element requisite for the reproduction of the human body.

MALTINE AND ITS COMPOUNDS

can undoubtedly be used with greater success than any other remedy now known, in cases of general and nervous Debility, Indigestion, imperfect Nutrition and deficient Lactation; Pulmonary affections, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membrane and difficult expectoration; Cholera Infantum and wasting diseases of children and adults; Convalescence from Fevers, and whenever it is necessary to increase the vital forces and build up the system.

WE MANUFACTURE THE FOLLOWING PREPARATIONS, THE FORMULAS AND DOSES OF WHICH ARE GIVEN IN OUR DOSE BOOKS AND ON THE LABEL ATTACHED TO EACH BOTTLE.

MALTINE **With Hops.**

MALTINE, **Ferrated:**

This combination is specially indicated in Aæmia and Chlorosis, and in all cases of defective nutrition where Iron is deficient in the system.

MALTINE **With Phosphates Iron and Quinia:**

A powerful general and nutritive tonic.

MALTINE **With Phos. Iron, Quinia and Strychnia:**

A powerful nutritive, general and nervous tonic.

MALTINE **With Pepsin and Pancreatine:**

One of the most effective combinations in Dyspepsia, Cholera Infantum and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constitutents of the MALTINE. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nurtritive qualities.

MALTINE **With Beef and Iron:**

One of the most valuable combinations in case of general Debility, where there is deficient nutrition and a deficiency of Iron in the system.

MALTINE **With Alteratives:**

In this preparation MALTINE is combined with the most valuable Alteratives known, such as Iodides, Bromides and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula and all depraved conditions of the blood.

MALTINE WINE.

This preparation contains all the medicinal and nutritive constitutents of MALTINE, less 60 per cent. of the transformed starch or glucose, which renders the preparation lighter and more acceptable to some stomachs, and is recommended only in such cases.

MALTINE WINE **With Pepsin and Pancreatine:**

(*Each fluid ounce of MALTINE WINE contains* 15 *grains pure PEPSIN and* 15 *grains pure PANCREATINE.*)

We can recommend this preparation to the Medical Profession as being the most important remedy ever brought to their notice in all cases of Dyspepsia and imperfect Nutrition, when the system needs invigorating and replenishing. It will be found, we believe, a perfect remedy in Vomiting in Pregnancy, Cholera Infantum and wasting diseases of children, and in Constipation and Chronic Diarrhœa resulting from mal-nutirtion. It will agree with the most irritable stomach.

MALTO-YERBINE.

(*Each pint of the above preparation contains* 13 *ounces of MALTINE,* 2 *ounces CARRAGEEN and* 1 *ounce of YERBINE.*)

With the nutritive, emolient, and demulcent properties of MALTINE and CARRAGEEN, and the expectorant qualities of YERBINE, (active principle of Yerba Santa,) we offer this preparation with the fullest confidence that it is the most perfect remedy yet produced in Chronic Pulmonary Affections, Irritation of the Mucous Membrane, Difficult Expectoration, Bronchitis, and ordinary Coughs and Colds.

The Dose of all preparations of MALTINE and compounds is from a dessert to a tablespoonful.

We also manufacture a perfectly prepared EXTRACT OF MALT, from *Barley only.* *MALTINE* preparations are sold at the same price as EXTRACT OF MALT and its combinations, and are put up in half-pint, pint and five pint amber bottles; each bottle inclosed in a folding paper box.

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A Pure Neutral Solution of Oxide of Iron in the Colloid Form. The Result of Edosmosis and Diffusion with Distilled Water

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This article possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of Iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by a process of dialysation, the Iron being separated from its combinations by endosmosis, according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the very best mode of administering

IRON

in cases where the use of this remedy is indicated.

The advantages claimed for this form of Iron are due to the absence of free acid, which is dependent upon the perfect dialysation of the solution. The samples of German and French Liquor, Ferri Oxidi Dialys., which we have examined, give acid reaction to test paper. If the dialysation is continued sufficiently long, it should be tasteless and neutral.

Our Dialysed Iron is not a saline compound, and is easily distinguished from Salts of Iron, by not giving rise to a blood-red color on the addition of an Alkaline Sulpho-Cyanide, or a blue precipitate with Ferro-Cyanide of Potassium. It does not become cloudy when boiled. When agitated with one part of Alcohol and two parts of Ether (fortior) the Ether layer is not made yellow.

Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for Poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Sesquioxide (hitherto the best remedy known in such cases) and has the great advantage of being always ready for immediate use. It will now doubtless be found in every drug store, to supply such an emergency.

Full directions accompany each bottle.

Physicians will find our **Dialysed Iron** in all the leading Drug Stores in the United States and Canada.

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PEPTONIC PILLS.

Pepsin, Pancreatin, with Lacto-Phosphate of Lime & Lactic Acid.

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This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of enfeebled digestion produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatin compounds—in this form the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach. The results of their use have been so abundantly satisfactory, that we are confident that further trial will secure for them the cordial Approval of the Medical Profession and the favor of the general public.

Each pill contains one grain of pure Pepsin, and one of pure Pancreatin, which is equivalent to 10 grains of the ordinary or saccharated usually prescribed and dispensed. Physicians will appreciate the great advantage of this mode of administration, the increased benefit to the Dyspeptic being due to a full and effective dose of each, freed from the unnecessary bulk, and really hurtful addition of sugar. A single pill will give immediate relief.

DIRECTIONS.—Take one pill immediately after eating or when suffering from Indigestion, Lump in the Throat or Flatulence. For children reduce the pill to powder and give a fourth or half, according to age.

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Mensman's Peptonized Beef Tonic.

The great necessity for a fluid food that would possess *all the elements necessary for the support of the system* having been long felt by the Medical Profession, we call attention to this preparation, containing the *entire nutritious properties* of the muscular fibre, blood, bone, and brain of a healthy bullock, dissolved by aid of heat and pepsin, and preserved by spirit; thus constituting a perfect nutritive, reconstructive tonic.

It is not a mere stimulant, like the now fashionable extracts of beef, but contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of fevers and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections, or induced by overwork, general debility, or the more tedious forms of chronic disease. It is friendly and helpful to the most delicate stomach, and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution. It is entirely free from any drugs. Dispensed in 16 oz. bottes.

"DR. MENSMAN'S BEEF TONIC

"Is a complete representative of lean and fat beef, bone, blood, and muscle. It consists of all the properties which combine in the development of the animal body, which are liquefied by an artificial process, simulating natural digestion, and retaining all of their alimentary values. It contains in their perfection all the natural elements of the meat in their natural quantitative relations, without their extraneous or indigestible properties, and therefore requiring the least possible effort on the part of the stomach for its conversion into chyle, and its immediate absorption by the system.

"This Tonic is free from any drugs or chemicals, and is a great invigorator or recuperant. I have used this preparation in several cases of sickness of a character which enables me to give the most favorable opinion of its great value, in extreme sickness. Some of the cases referred to are hemorrhage of the bowels, typhoid fever, bilious fever, inflammation of the bowels, where the greatest possible prostration was present, and in which I found this meat tonic to accomplish results I could not obtain with any other preparation. It is a gentle stimulant, and allays the peculiar irritation of the stomach, which destroys the appetite in all forms of disease, when the tone of the stomach is destroyed."

"We published the above article in the November Number of 1877, and will say that we have prescribed the tonic daily to date with the very best results.—ED. MED. ECLECTIC."

THE BEST THREE TONICS OF THE PHARMACOPŒIA:

Iron, Phosphorous, and Calisaya.

We call the attention of the Profession to our preparation of the above estimable Tonics, as combined in our elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark**, a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful amber colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**, not from **ITS ALKALOIDS OR THEIR SALTS**—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an **Elixir of Quinine and Iron.** Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each dessertspoonful contains seven and a half grains Royal Calisaya Bark and two grains Pyrophosphate of Iron.

PURE COD LIVER OIL,

Manufactured on the Sea-Shore from Fresh and Selected Livers.

The universal demand for Cod Liver Oil that can be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the Fishing Stations where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh, healthy Livers, of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor, and flavor—having a bland fish-like, and to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's Oil, and give yours the decided preference."

Prof. Hays, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod Liver Oils, have unanimously decided the light straw-colored Cod Liver Oil to be far superior to any of the brown Oils.

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Family and Manufacturing Chemists, New York.

McKESSON & ROBBINS' VIAL CASES.

Having received many inquiries for our Gelatine-Coated Pills and Granules put up in a form convenient for practitioners, and, not finding any of the ready-made pocket cases in market desirable, we have devised a number of forms and sizes of our own. The number and variety of the formulas of our Pills, together with their ready solubility, have, to a great extent, obviated the necessity of carrying the bulky medicine chest, with its solutions and powders. The cuts here exhibited give a general view of the style of the cases; they are very compact and meant to be carried in the pocket; are of WOOD, HINGED, WITH CLASP; COVERED WITH FINE BLACK MOROCCO and LINED WITH PURPLE VELVET.

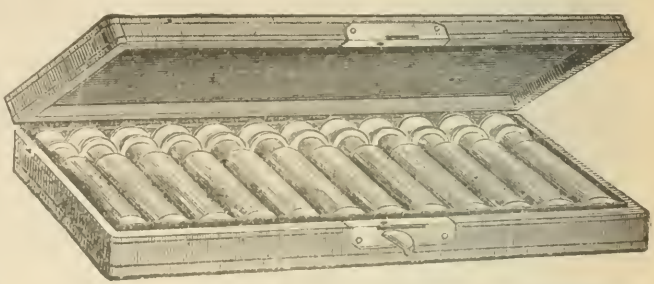
To give a better idea of the capacity of the Vials, we append the number of one-eighth grain Morphia and one and two-grain Quinine Pills, which they will contain; the Cases Nos. 4 and 13 are the only ones which have vials large enough to admit of four or five-grain Pills.

The prices here given include the empty Vials; should they be desired filled with Pills, not procurable at druggists at home, the Pills will be charged at list prices.

No. 5.—Same style as cut, containing two rows of bottles, but cork-stoppered.

No. 8.—Same as cut, only cork-stoppered.

No. 10.—Same style as cut, containing two rows of bottles, glass-stoppered.



This Cut represents Case No. 9.

McKesson & Robbins' Vial Case No. 5. Size, 7 inches x 2½ inches x 1 ¼ inches; contains twenty-four half drachm Homo. Vials, secured by leather socket. This size is meant more especially for the smaller Pills. Vials contain 80 to 90 Granules each; 23 one-grain Pills, or 7 two grain. Price, $4.00 each.

McKesson & Robbins' Vial Case No. 8. Size, 7 inches x 2⅝ inches x 1 inch; contains twelve half drachm, Homo. Vials, set in leather sockets. Capacity of Vials, same as No. 5. Price, $3.00 each.

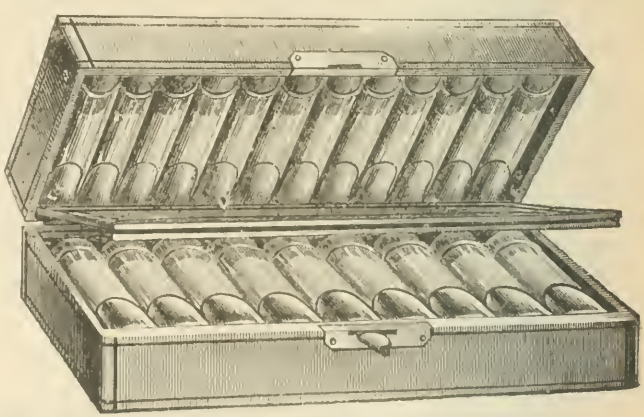
McKesson & Robbins' Vial Case No. 9. Size, 7 inches x 2⅝ inches x 1 inch; contains twelve half drachm heavy flint glass, mushroom-stoppered, Vials; very handsome. Capacity, 75 Granules; 20 one-grain, or 7 two-grain Pills. Price, $3.50 each.

McKesson & Robbins' Vial Case No. 10. Size, 7 inches x 2½ inches x 1 ¼ inches; contains twenty-four half-drachm heavy, flint glass, mushroom-stoppered, Vials, secured by leather socket. Capacity of Vials, same as No. 9. Price, $5.00 each.

No. 11.—Same as upper half of cut.

No. 12.—Same style as cut, with the lower half of cut same as upper.

No. 13.—Same as No 12, only the bottles are shorter.



This Cut represents Case No. 4.

McKesson & Robbins' Vial Case No. 4. Size, 6¾ inches long; 3⅛ inches wide; 1⅞ inches thick; contains twenty-one Vials, secured by polished brass spring shields. The Vials are two sizes; nine with a capacity of 175 Granules; 40 one-grain; 21 two-grain, or 7 five-grain Pills, and twelve Vials, holding 85 Granules; 22 one-grain; 9 two-grain, or 5 five-grain Pills. Very convenient for the larger size Pills. Price, $5.00 each.

McKesson & Robbins' Vial Case No. 11. Size, 6¾ inches x 3⅛ inches x 1 inch; contains twelve long-case Vials, secured by neat, polished brass, spring shields. Capacity, 85 Granules; 22 one-grain, or 9 two-grain Pills. Price, $3.50 each.

McKesson & Robbins' Vial Case No. 12. Size, 6¾ inches x 3⅛ inches x 1⅝ inches; contains twenty-four long-case Vials, similar in style to No. 11. Price, $5.00 each.

McKesson & Robbins' Vial Case No. 13. Size, 7 inches x 2½ inches x 1⅝ inches; contains twenty-four short Vials, secured by neat, polished brass, spring shields. Desirable where a narrow case is needed. Capacity 75 Granules; 17 one-grain; 6 two-grain, or 4 five-grain Pills. Price, $4.75 each.

THE

SAINT LOUIS

MEDICAL AND SURGICAL

Journal.

VOL. XXXVI——FEBRUARY, 1879——No. 2.

Original Contributions.

ARTICLE VIII.

SOME POINTS IN RELATION TO THE PATHOLOGY, DIAGNOSIS AND TREATMENT OF CHRONIC BRONCHITIS.* By F. H. DAVIS, M. D., of Chicago, Ill.

In this, as in all temperate climates, catarrhal bronchitis is one of the most prevalent forms of disease, frequent and repeated attacks of congestion and inflammation of the mucous lining of the air passages being the necessary and inevitable result consequent upon exposure to sudden and extreme changes of atmospheric temperature and moisture.

Whether nasal, pharyngeal, laryngeal or bronchial, these catarrhal inflammations present always the same characteristics and follow the same course. Congestion of the mucous membranes, serous sub-mucous infiltration and consequent swelling of the parts, marks the onset of a fresh, new disease, or of an acute exascerbation of a previously-established chronic affection. In the nasal tract the exceedingly vascular and rather loosely-

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attached Schneiderian membrane admits of rapid and extensive infiltration and swelling, resulting in a more or less complete stenosis. In the laryngeal and bronchial regions the obstructive swelling is a much less prominent feature, but a dry, spasmodic, irritative cough, expiratory dyspnœa, and the accompanying sonorous and sybilant râles are immediately developed as a result of the reflex nervous irritation communicated from the congested and inflamed mucous membrane.

After a variable period, twenty-four to forty-eight hours, or longer, the second stage, that of resolution, supervenes. The membranes disgorge themselves, and a clear, mucous discharge, changing soon to a purulent character, is poured out. The stenosis or dyspnœa is relieved, and the cough becomes looser, less violent and spasmodic in character, a coarse mucous rhoncus taking the place of the dry râles of the first stage. If the exciting cause of the attack is now withdrawn, the cough and expectorations cease spontaneously, after a few days, and the parts resume a natural and healthy condition. The continued action of irritant influences, of either a general, climatic or local character, will, however, perpetuate the local inflammation and resulting cough until a chronically thickened and hypertrophied condition of the mucous membranes result, and a morbid excitability or sensitiveness is developed in the parts, so that slight influences and impressions are capable of producing constant renewals and exascerbations of the acute inflammatory attacks. The frequency and violence of these attacks being chiefly controlled and influenced by the atmospheric conditions, vary much with the season of the year, most prevalent during the changeable, damp, chilly weather of the spring and fall, persisting to some extent throughout the winter months, and ceasing entirely with the warm weather of summer.

A permanent bronchial asthma, consequent upon obstructive thickening and hypertrophy of the mucous lining of the bronchial tubes, and an emphysematous dilation of the air cells, produced by the increased pressure thus brought to bear upon them in forced and difficult expiration, are the usual final resultant conditions following old, long-continued and neglected chronic catarrhal bronchitis.

Whether inflammatory phthisis may be developed from, and as a consequence of, catarrhal inflammation of the respiratory passages, is a question in regard to which good authorities still

hold different opinions. In my own experience during the past four years, including both dispensary and private practice, I have failed to meet with a single case of either tuberculosis or phthisis in any of their forms, giving a previous history of catarrhal disease, in which, on careful inquiry, I could not trace, independent of the local catarrh, an abundant and sufficient constitutional cause for the consumptive disease. Aside from the cases where an inherited hereditary tuberculous taint is proven, unhealthful occupations, general unsanitary surroundings, intemperate habits and constitutional syphilis are probably the most frequent constitutional causes underlying and predisposing to the development of consumptive disease. A pneumonic inflammation is set up as the result of a cold or exposure at a time when, through the operation of some one or more of these causes, the vitality is lowered, and the power of resistance of the system to diseased action is impaired. Instead of running a normal course and proceeding through the stages of resolution and reabsorption of the inflammatory exudation to recovery, a degenerative, destructive suppurative disease of the lung structure is started into activity, to terminate in fatal exhaustion and death.

This resultant condition follows, however, a pneumonic, never a bronchial inflammation. The question naturally arises next, are the subjects of chronic bronchitis any more liable than others to attacks of pneumonia, and consequently, constitutional conditions favoring to develope inflammatory phthisis? I believe not, but on the contrary the results of clinical observation and study seem to prove that a chronic sensitiveness of the mucous lining of the bronchial tubes attracts to that region, such inflammatory and congestive attacks as may threaten the air passages, and thus in a measure wards off and protects from injury the deeper-seated lung structures.

To sum up this question finally, I believe that the weight of evidence goes to show that a catarrhal inflammation occurring in an individual of healthy constitution remains from first to last, under any and all circumstances, a strictly local catarrhal disease, capable of producing no constitutional derangement or infection. In the worst, most aggravated forms of old, long standing, chronic bronchitis, dating back the commencement of their disease, perhaps twelve, fifteen or even twenty years, the appetite and digestion, general bodily nutrition, strength and vigor, will show no impairment except such as result natur-

ally from old age, hard work, exposure and poor living, of factors entering into most of these cases. In connection with the diagnosis and treatment of chronic bronchitis, it is important to bear in mind the fact that a harsh, spasmodic cough, expiratory dyspnœa and dry râles, an assemblage of physical signs and symptoms identical with those present in the first stage of catarrhal bronchitis, may be developed without the existence of any local catarrhal inflammation of the respiratory tract. A little close observation and study of these cases will usually bring to light a local inflammatory action at some point outside of the respiratory tract, from which the reflex nervous irritation is conveyed through the pneumogastrics and the various branches of the ganglionic, sympathetic nervous system. It may be a chronic grade of gastric, uterine, or hepatic inflammation; more frequently perhaps, in this climate, the results will be traceable to a subacute grade of rheumatic inflammation involving the intercostal or diaphragmatic muscles, and probably at times, also the fibrous and muscular structures of the lungs and bronchial tubes. The persistence and obstinacy with which certain cases of supposed chronic bronchitis resist all ordinary forms of treatment is almost always due to a failure on the part of the physician to distinguish their true character and pathology, as distinct from the ordinary forms of catarrhal inflammation. When a case is presented to us with the symptoms of catarrhal bronchitis in the first stage, but which has passed beyond the first week of the immediate attack without the development of mucous râles, free expectoration, etc., indicative of commencing resolution, we have almost certainly to deal with some pathological condition other than local bronchitis. Perhaps the evidence points to the stomach as the seat of local inflammation. A sense of oppression or fullness and heaviness in the region of the stomach after eating, flatulency, sour acid eructations, habitual and obstinate constipation and a thick, moist, yellowish coating upon the tongue, are among the signs and symptoms developed. There is a deficiency of gastric secretion, the nerve stimulus necessary to incite secretory action being apparently lacking. Food, when eaten, consequently remains undigested in the stomach until an acid fermentation and the resulting flatulency, sense of oppression and distress are developed. This undigested mass passed into the bowels continues to act as an excitant of reflex nervous irritation. The nerve stimulus which, by exciting

vermicular motion causes its contents to be passed along the intestinal canal, also fails to act, and the most obstinate form of constipation is the result.

Improper food; irregular meal hours; unhealthful and confined occupations; the habitual use of alcoholic stimulants, or the practice so common among the women of the lower working classes, of drinking excessively of tea, are among the causes most frequently reponsible for the origin of this form of gastric derangement.

The indications for treatment are plain: First remove, if possible, the exciting cause by attention to the habits of living of the patient; next endeavor to combine such remedies as will exert a sedative influence upon the pneumogastrics, and thus relieve the reflex nervous manifestations, and at the same time retard the fermentative change in the food until the slowly acting digestive process can have time to accomplish its function. Carbolic acid in doses of one-fifth to one-sixth of a grain, taken before eating, will fulfill, in a measure, both these indications; by its locally anæsthetic effect upon the gastric mucous membrane it controls the reflex irritability, and mingling with the food it at the same time effectually arrests the fermentative process. One of the newer class of remedies, the œnothera biennis, has proved itself an exceedingly valuable adjunct to the carbolic acid in the treatment of this class of cases; its action seeming to be that of a direct sedative to the pneumogastrics. The following is the formulæ that I am in the habit of prescribing in these cases:

℞. Acid carbolic, cryst. ..... grs. vj.
Glycerine ..... ℥ss.
Ext. œnothera bi. fl. ..... ℥iss.
Aquæ ..... ℥ij.
Sig. Teaspoonful before each meal.

In addition the following:

℞. Pil. hydrgri. ..... gr. x.
Pulv. aloes ..... grs. v.
Zinc. oxyd. ..... ℥i.
Sig. One pill to be taken at bedtime, or after breakfast and at bedtime.

In the next case that presents itself with symptoms of bronchial irritation, the evidence of gastric, as well as local catarrhal irritation, may be lacking. If symptoms indicative of uterine inflammation are present, treatment must be directed toward the relief of that pathological condition and the reflex phenomena

will be found to disappear with the subsidence of the local source of irritation.

If the symptoms point to a chronic or subacute grade of rheumatic inflammation as the exciting cause, some efficient antirheumatic treatment will have to be pursued in order to afford relief.

Catarrhal and rheumatic inflammation, being both affections resulting from cold and exposure, are frequently associated together. In such cases, the bronchial affection will be found to yield much more readily to ordinary treatment, if colchicum is added to such anodyne, expectorant, or alterative remedies as may be used.

In regard to the treatment of ordinary catarrhal bronchitis I have nothing especially new to suggest. Ammonia, hydrochloras in combination with some anodyne and expectorant, or antispasmodic, forms the favorite and probably the most efficient prescription, and affords sufficiently satisfactory results as regards relief to the immediate attack. The chronic sensitiveness and irritability of the mucous membranes, resulting from repeated attacks of acute inflammation, and which predispose to constant renewals of inflammatory action from the slightest exciting cause in the way of cold or exposure, can only be overcome by the most careful guarding against the action of such exciting causes.

The occupation, if unfavorable, must be changed, and the habits of life, hygienic surroundings and clothing, must be rigidly guarded and regulated. If circumstances permit, a removal for at least one fall, winter or spring, to a mild, dry, equable climate, should be advised.

If thus protected from a constant renewal of fresh irritation, in a period varying from twelve to eighteen months, the mucous membranes will regain their normal tone, vigor and power of resistance to atmospheric impressions, without any medical treatment other than what may be occasionally required to ward off or abort a threatened cold.

Article IX.

The Diagnostic Value of Westphal's Patellar Tendon Reflex. By C. H. Hughes, M. D., of St. Louis.

Diseases of the nervous system, more or less clearly discernible through the mazy multiplicity of symptoms and cloud of circumstantial neuropathic witnesses that attest their presence, have become so numerous of late years, that the practitioner eagerly welcomes every new diagnostic sign that may serve unerringly to designate a particular disorder of the nervous organism. Such a sign Prof. Westphal, of Berlin, claims to have discovered, in what he calls the leg phenomenon or absence of the patellar tendon reflex in progressive locomotor ataxia or posterior spinal scelerosis, and his statement made in the *Archiv. für Pyschiatrie*, in 1875, that "the leg phenomenon was constantly absent in the undoubted cases of tabes dorsalis" up to that time submitted for trial, has found confirmation in the recorded experience of other observers, among the latest, Dr. Thos. Buzzard, in *Brain*, for July, and in the *London Lancet*, for October, and Althaus, in the *American Journal of the Medical Sciences* in the same month; also in a late lecture of E. C. Seguin's.

The tendinous reflexion is best elicited by striking sharply with some hard substance the naked skin just below the patella, so as to affect the tendon of the quadriceps extensor femoris between the knee-cap and its point of insertion into the tibia, while the patient's leg hangs loosely from a table or is crossed at a right angle over the knee of the examining physician, (the latter being my own method,) or over the patient's opposite knee, (which is Westphals's procedure).

Other tendons, such as those of the *triceps extensor* and *tendo achillis*, respond in a similar manner.

The responsive upward jerk of the foot is not due to any effect upon the cutaneous nerves, for it takes place when the skin is rendered insensible by artificially or morbidly induced æsthesia, provided the posterior columns are intact and is exaggerated in lateral sclerosis.

The center of the reflex action for the legs is in all probability in the lower portion of the cord. When Tschirjew, of St. Peterburg, divided the cord in guinea pigs above the entrance of the sixth lumbar nerve the phenomenon disappeared, and when he divided the posterior root of one of the sixth lumbar nerves the phenomenon failed on the side of the divided nerve; and nerves have been found in the tendon of the quadriceps extensor femoris, as well as in the triceps extensor humeri, and the tendons of other muscles.

It having been settled that no amount of cutaneous irritation will excite this reflex action, it has been concluded that the irritation of the blow is conveyed through the nerve fibres that go from the tendon to the posterior columns of the cord, thence passing to the antero-lateral columns [1] and back along the motor nerves to the muscles of the irritated tendon. The significance of this sign is readily seen. If there be complete sclerosis at or immediately above the entrance of the sixth lumbar nerves there will be no reflex response to a smart blow on the tendon patellæ, just below the patella and it is rare, for the lumbar portion of the cord not to be affected in *tabes dorsalis*, but in the commencing stage of this disease before sclerosis becomes *complete, at that part of the cord we may expect to find reflex action exaggerated*, as it is in sclerosis of the lateral columns, or not all abnormal, as in some cases of very slowly progressive descending sclerosis commencing high up in the cord. It is exaggerated in one of my own cases of twelve years' duration, now materially improved under the steady use of lacto-phosphates, arsenic, the bromide of sulphur baths and galvanism, though he can not yet stand long with closed eyes; still has atrophy of the optic discs, the ataxic gait and staggers some on turning round, and had years ago the characteristic lightning pains.

This new sign has been accepted by clever writers on diseases of the nervous system as infallible. Althaus proposes, in doubtful cases, to utilize the opposite behavior of tendinous reflexion for the purpose of differentially diagnosticating between posterior and lateral sclerosis; and Dr. Thos. Buzzard, who has written a very good book on syphilitic diseases of the nervous

1. Though the antero-lateral columns are generally described as the chief motor tracts, Woroschiloff, Ludwig and others, by careful experiments, have restricted the motor paths to the lateral columns alone, assigning to the anterior columns a function mainly commissural.

system, has such implicit confidence in this sign that he "amends a diagnosis of posterior sclerosis" after eliciting the leg phenomena of Westphal. (See *London Lancet* for October, p. 42, *et sequela*). Yet he thinks a positive answer can not be given as to the cause of the phenomenon or its absence in posterior spinal sclerosis. Nor do we, either. And Dr. Allan McLane Hamilton, who has written the best and most complete text-book in the English language, says that "reflex action is usually exaggerated."

We have not ourself found it absent in every case of tabes dorsalis, nor can we conceive why it should be in any but those forms in which the sclerosis is complete. In the earlier stages of commencing sclerosis it might even be increased, or in stages of marked improvement, as in the case we have referred to.

The careful diagnostician will not, therefore, share the enthusiasm of Dr. Westphal and his followers in regarding the absence of tendon reflex as a sure sign of sclerosis posterior, even though the gait be unaffected and the patient's delight be in mountain climbing, as Dr. Buzzard would. (See *London Lancet*, p. 443, October, 1878). Reflex action is absent in *polymyelis anterior* when the anterior cornua undergo inflammatory destruction.

For the present, therefore, we must regard it as only a symptom to be aggregated with other symptoms, which may or may not mean posterior spinal sclerosis.

I have recently found it *absent* in one healthy adult; *absent* in one adult regarded by a number of other medical men, several of them giving special attention to diseases of the nervous system, as having slight meningitis verticali; *absent* in one case of cranial fracture at parieto-temporal articulation of four years' standing, with pain in vertex, vertigo, and green-color illusions; *very pronounced* in one case of neurasthenic jerkings, diaphragmatic constricting pain, and lightning pains in spine and legs; *very slight* in one healthy man; *scarcely perceptible* in a healthy ten-year-old child; *quite perceptible* in a child with motor and vocal paralysis; *imperceptible* in a child with spinal paralysis; *very pronounced* in a case of incomplete and improving paraplegia; *normal* in two cases of cerebral hyperæmia; *moderately pronounced* in two healthy men; *only moderably perceptible* in one infant ten months old, and one child five months old; *scarcely perceptible* in one healthy child of 10 years and in one child of 4 years; *not present* in one boy of 15 years, just after recovery from general

chorea, and *absent* in one case of cerebral sclerosis and two of posterior spinal sclerosis.

Tendon reflex varies in healthy persons, just as plantar or cutaneous reflex sensibility does, though not to the same extent. Tendon reflex may be influenced by intra-cranial states, as in coma and profound congestion.

The center for the inhibition of reflex movements is in the corpora quadrigemina, and the paths for its conduction downwards are in the lateral columns of the spinal cord, while impressions pass upward along the posterior columns.[2] But even after extensive destruction of the lateral columns, as demonstrated by the researches of Schiff, Vulpean, Ludwig, Moroschiloff and others, "neither motion nor sensation," is absolutely paralyzed in any particular part, thus demonstrating a vicarious interchange of function between different parts of the cord, the central gray matter, if intact, being capable of transmitting sensory impressions.

The value of the absence of the tendon reflex phenomenon should be regarded as diagnostic, only in comparison with the degree of tendinous reflexion natural to the individual, a thing difficult to ascertain, since the phenomenon is not generally sought for in the healthy. If it were it could be found to greatly vary, though doubtless seldom entirely absent. We need not, therefore, seal the fate of those of our patients who, "though they climb mountains and walk with firm and steady step," simply fail to suddenly contract the tendon of the quadriceps extensor femoris when a sharp blow is made on the tendon patellæ below the knee; nor need we conclude there is any disease of the spine, whatever, from the absence of the phenomenon without other corroborating symptoms.

Tendon reflex varies in the same healthy persons at different times and under the influence of certain drugs, and in other morbid conditions than sclerosis posterior.

The results above stated were obtained at random from some of my office cases, during the last ten days, without any particular object of diagnostic research in view except to ascertain if, in certain states of cerebral excitation, the sign might not be exaggerated. In another paper we shall give a history of some cases.

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2. We say posterior columns because the sensory tract is commonly located there, notwithstanding Ludwig and Moroschiloff place the sensory, as well as the motor tracts, in the lateral columns, more light must be shed on the subject before the limits of the motor tracts of the cord shall be precisely defined.

ARTICLE X.

ANNUAL ADDRESS BEFORE THE EVANSVILLE MEDICAL SOCIETY. By J. W. COMPTON, M. D., of Evansville, Ind.

GENTLEMEN :—There is at once presented to my mind an appropriateness on occasions of this kind, that as your retiring President I should select for the subject of this address some special features relating to the organization over which I have had the honor of presiding. Also to give in a condensed form a resumé of the labors and achievements of the Society during the past year.

To allude briefly to our individual responsibilities, duties and requirements as members of the profession of medicine, as well as members of our local medical Society, will constitute, to me at least, a pleasant part of the task. The objects of this Society as expressed in the preamble accompanying its organization, were for the promotion of professional harmony and improvement, and to exalt generally the character, usefulness and dignity of the profession. These are certainly most praiseworthy objects and should demand from each of us the time and trouble necessary to their fullest accomplishment.

The Evansville Medical Society was organized on the 6th day of January, 1845, by the adoption of a constitution and the election of officers. The first president elected was Dr. Wm. Grafton. After the expiration of his term, the following physicians have been elected in succession to preside over the Society: Drs. Dan'l S. Kane, Geo. B. Walker, L. L. Lacock, Daniel Morgan, Jno. T. Walker, Isaac Casselberry, John Conyngton, W. M. Elliot, J. G. Hatchett, A. Wulkoc, J. J. Pennington, H. G. Jones, B. J. Day, Mose Winings, Oscar Kress and J. W. Compton.

At its organization the Society consisted of eight members, including all the regular physicians then practicing medicine in this city. Sixty-eight members have been received and signed the constitution up to the present time. Of this number seven have died, and quite a number have removed from the city leaving the present membership twenty, less than one-half of the regular physicians in the city. Some of those whose names are

enrolled as members rarely encourage the Society with even their presence, and the majority of the physicians display a selfish disregard for the good of the profession and appear to take no interest in the advancement of the science of medicine.

No proper line of distinction appears to be drawn between the honorable, progressive, and the indifferent, non-progressive members of the profession, unless it be drawn by those composing a class prolific in their opposition to medical societies, medical improvement and the code of medical ethics in general, demanding that the provisions of the code be strictly applied to others, while they openly ignore entirely its wise anti-empiric and anti-humbug provisions. Medicine is pre-eminently a progressive science, and all who enjoy the opportunity of informing themselves and informing others should be imbued with the spirit of keeping the profession well up with the advance and the new development in medical science. I hold it to be the imperative duty of every practicing physician to identify himself and become a member of his local medical society, and not only to promptly and punctually attend its meetings when possible, but he should exert best his abilities to maintain the dignity and honor of the profession, to exalt its standing and to extend the bounds of usefulness. Should any of its members so far forget their obligation to the profession as to violate any of its plain provisions, it is the duty of each member to aid in an effort at securing reformation in such a professional brother, and not be found speaking behind his back. It not unfrequently happens that if the charge is properly investigated it would be discovered to be founded on rumor and misunderstanding—as groundless and unreal as the "baseless fabric of a vision."

The profession of medicine should possess more candor, more honor and more brotherly love than is often found among those who live near enough to be neighbors.

A pure and high standard of character and conduct is a concomitant necessary to the usefulness and efficiency of a medical man. Quackery should be condemned as a fraud on human rights.

Our mutual improvement may be readily secured by having all of the members of the profession become contributing members of their local medical societies; so important is this question that in many of the State medical societies, a physician can not obtain a membership upon application, unless he is a mem-

ber of the local society nearest him or promises to become a member at the next succeeding meeting. It is needless for me to enter into any line of special argument on this subject to convince anyone of the importance of every regular medical man becoming identified with the local medical society.

Recurring to the organization and achievements of our own medical society, it will be proper to state that one year after its organization by an act of the legislature, approved January 19, 1846, it was incorporated with all ordinary power of corporate bodies and with the additional power of establishing a school of medicine and surgery, to grant diplomas and confer degrees in medicine. Besides the permanent benefit and the general improvement of each member arising from the discussions in the meetings, which have been held monthly for thirty-four years, the Society has established a medical college that has held thirteen annual sessions. Its graduates now number over one hundred. While referring to its charitable labors it may with just pride point to its free daily dispensary where thousands of indigent sick receive gratuitous medical and surgical treatment. These institutions, the legitimate offspring of the Evansville Medical Society, are in a satisfactory and flourishing condition. A praiseworthy liberality on the part of our citizens have placed both the college and dispensary on a good financial basis, so that they now fully meet the requirements of the increased growth in population and not only add to the attraction and wealth, but have become cherished institutions of our beautiful city.

During the past year some of the meetings have been unusually large. The June meeting was one of particular interest, the subjects discussed, sub-fœtation and rheumatism, being of such practical medical importance, as to be reported for publication. They were published in the *St. Louis Medical and Surgical Journal* and copied from that journal as a whole in other medical journals. These were the first proceedings of this Society ever reported for publication, and the flattering reception which was accorded to them should encourage us to more frequently have our practical discussions published, so that the profession generally may share the benefit of whatever is in them that is practical or useful. Being a warm advocate of medical societies, I do not believe that I over-estimate the large amount of profitable information that may be disseminated by the members of the profession as they assemble from various parts of the country.

In a city like ours the assembling of the fraternity in the capacity of a medical society, imbued with the desire for the promotion and advancement of medical knowledge, and of fraternal good will, cannot fail to be productive of lasting benefits. Those of acknowledged abilities, can by reason of their well-trained intellects and their ripe professional experience, impart to others information which may solve problems previously enshrouded in doubt, and may overcome difficulties that associated effort alone could surmount. This organized co-operative effort, this habitual intercourse is indispensable if we would keep the great body of the profession well up with the rapid advance that medical science is now making in the several branches of medicine, and enable us to respond intelligently to the new and increased demands of an educated public.

Whilst the knowledge of everything contained in the science of medicine is greatly to be desired, yet it is not to be expected that all physicians can acquire this degree of perfection. The vast accumulation of new truths, the new discoveries, in fact, the aggregate of all that this advanced age comprehends under the name of medical science, is the combined wisdom of many and not of one mind. All physicians may have attempted to study and to thoroughly acquaint themselves with all the intricacies of the science and art of medicine. But it will be readily acknowledged that some men possess greater aptitude and skill, with favorable opportunities which enable them to acquire greater proficiency in some particular branch of a profession than is possible for others to do. A number of men may be equally accomplished as anatomists, physiologists and chemists, yet one may possess peculiar and superior opportunities and thereby become a skilled surgeon; a second, having the fitness, becomes a superior gynæcologist; a third becomes a skilled therapeutist; a fourth *par excellence* in diagnosis, while yet another becomes more proficient in the treatment of diseases of the eye. Bring these brilliant lights together in the capacity of members or delegates to a medical society, and each one will be able to teach all the others practical truths in reference to what he himself best understands. He may not be able to present anything new, but he will be able to express his knowledge so forcibly, so clearly, that others will be able to comprehend distinctly what had previously been but partially understood. This organized coöperative effort can become instrumental in greatly increasing the

accumulation of a vast store of useful knowledge. My hope is that we will in this way increase our knowledge of medicine.

I now beg that you will accept my very best thanks for the honor you were pleased to confer on me one year ago, and for the courtesy and consideration which characterized your deportment toward me during all the time intervening between my election and the closing of my term of office.

Reports on the Recent Progress of Medicine.

Article XI.

THE SPIRIT OF THE EUROPEAN MEDICAL PRESS.

By A. C. Bernays, A. M., M. D., Heidelberg; M. R. C. S., Eng.; Member of the German Society of Surgeons, Berlin, Etc.

A lecture held by Prof. Dr. von Nussbaum before the Medical Society of the Circuit of Munich, December 20th, 1878, is the most important novelty which has come to our notice (by special favor of the author) during the past month. We therefore put the essence of it at the head of this article, believing it to be of vast practical importance to all surgeons. The article is modestly headed "The Operation of an Intercostal Neuralgia." In the introduction the author tells us how the operation of nerve-stretching originated with him. He gives us the history of its discovery. It was discovered by accident. He then shows that one may practice nerve-stretching, without giving up rationalism, by stating that a strong traction on a nerve trunk must sever it entirely from its connections, must cause a separation of the nerve-marrow from its coating, and must bring on new ways and means of nutrition, since the ecchymoses and extravasations of blood in the perineurium extend a long ways upwards and downwards. After the publication of his first successes, many surgeons, but especially himself, have operated with brilliant results

in cases of severe tonic and clonic spasms, bad cases of writer's spasm, painful diseases of all descriptions, many cases of reflex epilepsy. He never once saw paralysis or any deterioration of symptoms. Even the very tender and small facial nerve was stretched with elegant success in a case of tic convulsif by Dr. Baum, of Danzig. All these cases had been treated by all manner of means, viz., morphine, atropin, arsenic, galvanism, myotomy, tenotomy, nitrate of silver, ergot, etc., but all in vain. There is this most important feature about the operation, and that is that we are entirely safe against any return of the disease, which is the rule in neurotomy and neurectomy, although these are much more severe and dangerous operations. This point seems to us to be of the utmost practical value, and, if true, the operation of stretching will undoubtedly supercede our well-known resections and excisions of nerves which we are now practicing in cases of neuralgia. We humbly and respectfully take the liberty of expressing some slight doubt, as yet, in regard to the immunity against returns which our learned author claims for his operation, on the ground that his experience is too limited as yet, and that the time which has elapsed since his first operation might be considered too short. (The first operation was performed in 1871; only within the last three years has the operation become very popular.) At the same time, we sincerely hope that our doubt may prove to be without foundation, because then we can be more at ease and speak with certainty when advising our distressed neuralgic patients. V. Nussbaum makes another important and correct suggestion when speaking of his operation as a means of cure for cases where the nervous centers are the seat of disease. He reasons as follows: "It is a fact that a small splinter under a finger nail can cause fatal tetanus. It is a fact that a small scar over the achilles tendon caused epilepsy for many years, each attack being accompanied by loss of consciousness and clonic spasms of the entire body. Some years ago a young man complained to me that he was subject to epilepsy, saying that he always has a severe access when his left eye becomes slightly reddened. I noticed a black foreign body in his cornea about the size of the extreme point of a sewing needle, which was encapsulated and would cause an irritation of the eye from time to time that brought on an epileptic access. I persuaded the young man to have it taken out, and after I had removed it there never was another epileptic attack.

The black speck proved to be the point of the hard wing of a beetle. Now, if such minute peripheric lesions may cause a general disease and even death in tetanus, why may not a beneficial peripheric influence bring on a favorable effect upon the nervous centers or upon the general condition of the body? When we wish to reach any locality, we naturally seek the nearest way. Suppose we had a certain lesion in the spinal marrow. How can we reach the place of disease in order to act upon it by the most direct course? Finally, I ask, is it not more plausible and natural if we make use of those nerve trunks as our means of treatment which show distinct signs of disease than to pour medicines into the stomach, the relation of which to the central disease we are at a loss to explain? I am positive that the nerve trunks lead to the diseased centers, but what becomes of the medicines put into the stomach? What directions they take and how they may act upon the cord is certainly not more naturally or easily to be explained."

[The case of intercostal neuralgia, which is ably reported at length by Dr. Lutz on page 103 of this number, needs no further commentary.]

The spirit of this paper, as we saw, was decidedly in a progressive direction. We gladly take this opportunity of expressing our opinion of what the progress in practical medicine amounts to in our time. Let us take some examples of great progress achieved by modern medical men. Marion Sims, who is justly regarded the greatest and most productive of American surgeons, bases his European reputation entirely on the fact of his having made diseases of women accessible to local and surgical treatment. Before Sims they were almost exclusively treated by means of prescriptions (sic!) Now, after him, we treat them locally upon the rational basis of a diagnosis achieved by surgical means, viz.: the speculum, the sound, etc. Gustave Simon, my former preceptor and friend, of Heidelberg, was one of Sims' most ardent admirers, and followed his teachings in many cases, oftentimes introducing original modifications or improvements. He was the one that first freed from the old-fogy internal medicine (might properly be called infernal medicine) the treatment of many kidney diseases (nephrolithiasis, hydronephrosis, etc.,) in his brilliant and last work, "The Surgery of the Kidneys," begun in 1871 and finished in 1877. Thus, also, we know that the diseases of the rectum and of the urethra have almost en-

tirely been taken out of the hands of the physician and delivered into the more beneficent hands of the surgeon.

The above paper by von Nussbaum again encroaches on the province of the physician and turns over a large number of hitherto incurable diseases into the always-ready hands of the surgeon for a permanent cure. I might continue citing examples of this kind indefinitely, but these suffice to prove the direction that has been taken by the progressive portion of our art and science. I do not wish to be understood as underrating the high and noble mission of the family physician. I know that his influence, in the long run, naturally must prove more beneficial to mankind than our own services, which are always only limited to a single individual; and it is the height of our wishes that every family who may request our services in future be under the regular care of an educated and refined family physician. The perverse state of affairs in England, where the surgeon is looked upon, in most cases, as merely the tool of the physician, we hope may never intrude upon this country. But we earnestly wish that the disastrous fashion which is now too very common in this country, namely, that a single person undertakes to conduct a surgical, obstetrical and a family practice, be abandoned, at least in the larger cities. A division of labor, as proposed here, would correspond to the requirements of the profession from a scientific point of view, considering the welfare of the afflicted.

A New Method of Sterilization of Women.—(Dr. S. Kochs, Adjunct for Gynæcology and Obstetrics at Rome. *Centralblatt für Gynæcolgie*, No. 26.) "There is a large number of cases, where sterility of women seems desirable, cases where the act of child-birth gives great fear of pernicious consequences. I will only refer to absolute narrowness of the pelvis, affections of the lungs and kidneys, and psychoses. In order to achieve the result I have lately invented and tried an operation which I will call "*sterilization*" in the case of a lady suffering from a chronic disease of the lungs. Since the object of operation is to cause permanent and certain sterility, it may be thought rather hazardous and it may be claimed that we have means and ways of preventing conception or eventually bringing on an abortion. Concerning the latter means, we think that is not always without danger, especially where the operator is compelled repeatedly to cause

the death of fœtus, while the different ways of preventing conception do injury to conjugal harmony and are deleterious to the nervous system of both parties. Therefore the operation is always indicated where permanent sterility is necessary *for the prevention of processes that threaten life.*"

The operation is simple: it consists in bringing about an obliteration of the uterine orifices of the Fallopian tubes, thereby preventing the egg from entering the womb or the sperm from entering the tubes as the case may be. The author proposes to effect this end by means of attaching a galvanic battery to a uterine probe and of causing obliteration by means of cautery. For an accurate description of the instruments the author refers us to his exhaustive monograph, which is not yet published. It is not known that the operation will achieve the desired end with certainty. The operation mentioned above was performed Oct. 31st, six days before menstruation was due; it was only followed by a slight uterine colic; menstruation set in on Nov. 10th, and was but very slight. It seems to us that this operation is one of great importance and will doubtless bear beneficial fruits. One of its best features is that it will never become the property of quacks, but will require the skill and science of an educated surgeon to be performed properly and without danger. Absolute certainty as to the effects of the operation can only be gained from post mortem experiences, since even subsequent sterility may have other causes.

[Below we append a list of new books from the European book market. We propose to furnish a list of this kind regularly for the benefit of our colleagues who may not be able to hear of new publications as early might be desired. When ordering books, always give full title and place of publication, with date, and affix the price. Any bookseller can then readily procure the desired volume.]

ENGLISH BOOKS.—NOVEMBER, 1878.

Annadale, Th. Abstracts of Surgical Principles. 12 mo. (Maclachlan, Edinburgh.) Price, $1.

Dinnmann, Th. A Glossary of Biological, Anatomical and Physiological Terms. Octavo. (Griffith & Farman, London.) Price, 75 cents.

Stimpson, L. A. Manual of Operative Surgery. Illust. Octavo. (Lewis & Co., London.) Price, $2.75.

St. Thomas' Hospital Reports. Vol. 8. (Churchill, London.) Price, $2.00.

GERMAN BOOKS.—NOVEMBER, 1878.

Archives for Clinical Surgery. Edited by Langenbeck & Billroth. 23rd Vol. 1st No., Plate and Woodcuts. Large octavo. (Berlin, Hirschwald.) About $10.00 per year. Is generally considered the best surgical journal in the world.

Bergmann, E. Treatment of Gunshot Wounds of the Knee-joint in Military Practice. (Vienna, Hölder & Co.) Price, 75 cents.

Eichhorst, H. The Trophic Relations of the Pneumogastric Nerve to the Muscles of the Heart. Price, 50 cents.

Falkson, Rob. On the Development of Tooth-sac and of Cysts in the Jaw-bone. (Königsberg, Beyer.) Price, 25 cents.

Guckeisen, Aug. The Newest Laws of Nutrition, after v. Pettenkofer & Voit. Three Lectures. (Dumont Schauberg, Cologne) Price, 50 cents.

v. Ihering, H. The Peripheric Nerves of Vertebrates. Five Plates and Thirty-six Woodcuts. Large quarto. (Leipzig, Vogel.) Price, $5.00.

Keppler, Fr. Acute Saponin Poisoning and the Value of Saponin as a Local Anæsthetic. (Berlin, Hirschwald.) Price 25 cents.

Klebs. E. On Cellular Pathology and Infectious Diseases. Lecture. Octavo. (Prague, Dominicus.) Price, 20 cents.

Löwe, Ludwig. On Anatomy of Cavity of Nose and Mouth. Seven Plates, Charts. (Denicke, Berlin.) Price, $3.00.

Orth, John. Compendium of Pathological-Anatomical Diagnosis. Finds Practical Rules for Conducting Obductions. Second Improved and Enlarged Edition. (Berlin, Hirschwald.) Price, $2.50.

FRENCH BOOKS.

Guerin, A. Clinical Lessons on Diseases of Genital Organs of Women. Twenty-two Figures and two Plates in chromo. (Paris, Delahaye.) Price, 2.00.

Picard, H. Treatise on Diseases of the Bladder and Calculous Affections, with figures. (Paris, Balliere et fils.) Price, $1.60.

ARTICLE XII.

SURGERY (FROM THE GERMAN).

By F. J. LUTZ, M. D.

Since Prof. Nussbaum, of Munich, first called the attention of surgeons to nerve-stretching in 1860, as a means of treating certain painful and spasmodic nervous affections, numerous operators have chronicled their experience with this method in cases of neuralgia, tonic and clonic spasms, writer's-cramp, epilepsy, tetanus, etc. The latest contribution to this subject is one from Dr. Nussbaum himself.

The patient had been suffering with intercostal neuralgia for twenty years. Every imaginable remedy had been tried; various kinds of baths, metals, narcotics, electricity, moxæ, etc., but all in vain. Sometimes there was an interval between the attacks; then again they would last for months, and of late they increased continually, several paroxysms occurring during the day. Strong injections of morphia gave only temporary relief. No cause could be discovered for the neuralgia. Pressure over the region involved would increase the pain during paroxysm, but it could not be produced in that way.

The site of the pain is the epigastric region, between the ensiform cartilage and the umbilicus. Around the whole body the patient experiences a spasmodic constriction, which assumes the shape of a firm pressure at the vertebræ and of intense pain in the abdominal muscles. The most painful spots are a hand's breadth from the linea alba, just midway between the sternum and the umbilicus on both sides.

Such extreme pain did the man suffer, that although it was represented to him that the operation had never been performed and that a cure could not with certainty be promised, he willingly consented, yea, even urged its performance.

Nothing need be said about the difficulty of dissecting out the abdominal terminal branches of the eighth, ninth and tenth intercostal nerves. The problem to be solved was, to find a spot where the nerves could be exposed without dangerous laceration and grasped with the fingers. After repeated experiments

on the cadaver, it was found that most eligible wounds would be those made parallel to the axis of the body, between the sternum and umbilicus, about a hand's breadth from the outer border of the rectus abdominis muscle, for just there the nerves in question emerge from the muscles and give off their branches.

The operation was conducted under Lister's spray. On the left side the nerves were found and stretched without any mishap, but whilst those of the side were stretched, a knuckle of peritoneum protruded, and, in the attempt to replace it, a slight rent was produced, which was sewed up with catgut. The wounds were dressed antiseptically, and were so entirely healed after twenty-five days that the patient was discharged free from his neuralgic pains. The operation was performed on the 6th of November, 1878 and up to December 20th he has not had a relapse.

Translations from the German.

GLAUCOMA—Continued. Excerpts from a Lecture by L. WECKER. [Translated by WM. DICKINSON, M. D., of St. Louis, from *Klinische Monatsblätter für Augenheilkunde* for May, 1878.]

Our author inquires, "In what region must we seek for the irritation of the nerves adequate to produce the hyper-secretion?" If extension of isolated nerves into the interior of the eye could be demonstrated, perhaps in this question of secretion (vessel filtration) it could be easily determined from whence the so-called secretion nerves proceed, whether from the sympathetic or from the trigeminus nerve.

Though often controverted, the theory is receiving general acceptation, that the trigeminus must be regarded as the vessel dilator, the sympathetic as the vessel contractor (v. Hippel. Grünhagen). It must, however, certainly be admitted that only *active* dilatation, through irritation of the filaments of the trigeminus, can induce a glaucomatous increase of pressure, while the *passive*, through paralysis of the fibers of the sympathetic, can not pro-

duce a like effect; and yet glaucoma is sometimes consequent upon the clinical use of atropia.

But even by increase of pressure in consequence of irritation of the trigeminus (and it can not be doubted that in some manner or other it does stimulate to an increase of the fluid contents of the globe), the "infected circle" can not be established through which the secretion once increased, affords occasion for a new hyper-secretion; in other words, it is incapable of superinducing the irritative symptoms of true glaucoma.

To this it can be replied that, since experiments made on animals can not be sufficiently long-continued without inducing exhaustion of nerve power, yet clinical observation furnishes us with abundant proof that irritation (e. g.), neuralgia of the trigeminus, can provoke an increase of intra-ocular pressure and glaucoma.

In an eye affected with senile changes, periorbital neuralgias are the occasion of a considerable diminution of the extent of filtration; and while they redden the eye, they are effectual in provoking a glaucomatous attack. Nor can it be doubted that strong moral emotions are sometimes followed by a like effect.

How does irritation of the nerves in the interior of the eye, in consequence of the pressure of a foreign body, occasion an increase of function of the so-called secretion nerves? What does clinical experience teach us? That the presence of a particular foreign body, situated in the self-same region, thrust in through the same kind of a wound, produces entirely different effects, whether it has entered the eye of a young or old person. Only in the latter class of persons will indications exist that the symptoms of irritation are assuming a glaucomatous character. We therefore see that the irritation and congestion occasioned by a foreign body induces this affection only with compression and partial obstruction of the filtration passages in an eye already predisposed to glaucoma.

By way of historic episode unworthy of the high reputation of our author, he devotes a page to an abortive attempt to despoil Prof. A. V. Graefe of the honor universally accredited to him of the discovery of the surgical value of iridectomy in the treatment of glaucoma, and also to place on record sentiments derogatory to the fair fame of the modest and peerless ophthalmic surgeon. This discovery, however, in the following pages, he is perforce compelled, indirectly, to award to him. Though regard-

ing this operation as the most effectual mode of treating glaucoma, yet he entertains the strong conviction that a more simple and more philosophical mode of treatment will be substituted for it. "Ten years after the eventful discovery of v. Græfe, I published the opinion that excision of the iris was not, *per se*, the important element in this operation for glaucoma, but that this was premised in order to be assured that a broad aperture could be made in the corneo-scleral border without danger of compression of the iris.

By the removal of a broad piece of the iris, we occasion an unnecessary mutilation, as I have endeavored to convince practitioners, as in the case of performance of another operation, viz., cataract extraction. In this operation, gentlemen, you have often seen me, contrary to my expressed principles, remove a portion of the iris, but, as I have now for ten years averred, in order to secure a clean and advantageous wound for filtration. This consideration is the more important, as it concerns the cure of the complicated traumatism occasioned by cataract extraction. According to this view, excision of the iris is only for the purpose of securing an unobstructed wound, especially at the insertion of the iris. In respect to this question, I am enabled to affirm that I meet with but few competent colleagues who do not concur in my opinion, and who have not, without hesitation, abandoned the ideas formerly entertained.

What, then, is the *modus operandi* of iridectomy in the treatment of glaucoma? Undoubtedly in consequence of the section made. The number of cures effected by simple sclerotomy is now so considerable that abundant proof is obtained of its value. But the results, also, at the same time demonstrate the incorrectness of the explanation given by Ad. Weber of the action of iridectomy in glaucoma, who thinks that the *pulling* of the iris during the operation separates this membrane from Fontana's space, or that this separation is produced by the intrusion of the aqueous humor between the iris and the cornea. We must, however, insist that, while cases occur in which adhesion of the iris at the iris angle is the occasion of glaucoma, which, according to the explanation of Ad. Weber, takes place in simple glaucoma, undoubtedly in most cases the iris angle is entirely free.

Without mentioning the re-establishment of filtration by means of the cicatrix, we may allude to another curative influence of the section proposed. It being assumed that Schlemm's

canal is a lymph space into which blood from the veins is prevented from flowing by a system of valves not well understood (though under extraordinary circumstances this canal may be found filled with blood, as reported and sketched by Prof. Schmidt); it being assumed, I say, that this wide lymph space, situated in the trabecular peri-corneal tissue, is, on the one side, in connection with the lymph canals of the cornea, the sclera and the chambers, and on the other with the veins, yet it cannot excite surprise that a connection between them can be brought about in a more direct manner by means of the section proposed.

The theory of Exner, which assumes that by excision of the iris the cure of glaucoma is accomplished; that a direct connection of the arteries and veins of the iris is established; that the arterial blood after the excision of a portion of the skin is poured immediately into the venous blood current, is consequently founded upon the scleral section, and furnishes the explanation how this section alone is effectual in an undoubted number of cases. Prof. Waldeyer, to whom I propounded this question, whether to him as an anatomist such an explanation appeared tenable, replied in the following manner, viz: "That question, in my opinion, cannot be answered from a purely anatomical standpoint. Should an incision be made at a given point, there would certainly be opened a number of veins, lymph spaces, capillaries and arteries. What then happens? For a moment the blood will flow into the lymph spaces, or vice versa, the lymph into the blood spaces, according to the relations of the pressure. But this does not long continue; the wound reaction will generally induce closure of the vessels thus opened. The possibility that later a more direct communication existing between the lymph avenues and blood avenues is established—the vessels becoming pervious, the thrombi absorbed—is neither confirmed nor especially disproved by anatomy."

We have now proven that glaucoma is induced in consequence of an impediment to normal filtration; that operation, in order to be effectual, must be instituted at the origin of the principal filtration spaces, the spaces demonstrated by Leber, that this operation in a peculiar manner restores the filtration, and that the equilibrium between the secretion and excretion is thereby restored. And in addition, it seems to me proved that excision of the iris, per se, plays no part in the benefit of the operation. But it remains to be determined whether the res-

toration of the equilibrium through the mediation of filtration is secured in such manner that the fluids are emptied directly outwards through the section (filtration cicatrix) or into the venous circulation or immediately in some way or other.

Patients themselves make us acquainted with the peculiar manner in which iridectomy operates. Many years ago I operated upon a young officer, formerly a pupil in the Polytechnic School, for glaucoma, consequent upon perforation of the cornea of the left eye. A very broad pupil superiorly was made so as to separate the iris from the cornea as much as possible. By this means I succeeded in preserving a portion of his vision and in arresting immediately the glaucomatous symptoms, and also in securing the absorption of the leucoma. The wound healed with a weak cystoid cicatrix. One day, as I met my patient and inquired how he was pleased with the eye operated upon, without having the least intimation respecting the modus operandi of iridectomy, he replied, "From time to time, I experience still in my forehead a sense of weight, especially if I undertake any laborious effort; it then appears to me that my eye becomes harder; but I have now discovered a means of quickly freeing myself of this unpleasant sensation. With the eye-lid I make a pressure upon my eye, and, as I have convinced myself before a glass, by this means I press a certain amount of fluid beneath the conjunctiva, which consequently becomes elevated. When this has been accomplished, instantly I feel my eye free." The patient then in my presence repeated the experiment and I perfectly convinced myself of the correctness of his statement.

With the design of introducing a surgical procedure for the cure of this confessedly intractable affection, which shall, according to the views of our author, be more philosophical, more effectual and involving less mutilation and hazard, he has proposed simply a peripheral section of the sclera, "subcutaneously from the anterior chamber in the corneo-scleral border."

A description of the mode of operation, and of the instruments by which it is performed must be deferred till the next number.

GENERAL THERAPEUTICS IN OPHTHALMOLOGY. By PROF. A. NAGEL. [Translated from *Jahresbericht ueber die Leistungen und Fortchritte, in Gebieste der Ophthalmologie*, by S. POLLAK, M. D., Surgeon to the Eye and Ear Infirmary of the St. Louis Hospital.]

The physiological effect of Hyoscyamin has been tried by Simonovitch ("Ueber Hyoscyamin und dessen Badeutung fur die *Augenheilkunde" Archiv. fur Augen*, iv). Therapeutical experiments have also been made by Prof. Dor, in his clinic. Pure hyoscyamin produced no kind of effect on the pupil; the brown extract of hyoscyamus was substituted for this. Most favorable results were attained in two days in parenchymatous keratitis. The condition of the eye had remained unchanged for many weeks, although other remedies had been used. Considerable benefit has been derived from hyoscyamin in many cases of chronic iritis, which had resisted the use of atropin.

Carrera Arago (Amaurose complete transitoire, consecutive a l'action de l'atropine et de la Calabrine," Ann. d'ocul) mentions a case of mydriasis from atropin, in which Calabrine had been applied. Rapid restoration of accommodation ensued, but this was followed by total blindness. The child complained also of headache and deafness. After vigorous revulsive treatment, sight returned partially in twenty-four hours, but only to wane again until after six days, when there was a complete and permanent restoration of the sight. These phenomena are attributed to the effect of both remedies.

Duquesnel ("Sur la matiere colorante rouge derive de l' eserine. Bull. gen. de therap.), observed that Eserin precipitated by an excess of alkali is at first white, but on exposure to the air becomes red, then yellow, then green and lastly blue. This red product of oxidization, rubereserine can be isolated and crystalized by chloroform. It is physiologically negative; possesses not the myotic properties of the calabar bean. The colored solution of eserin should never be used. The neutral sulphate of eserin is very soluble; it can be easily preserved dry, and is highly myotic.

Kämmerer ("Ueber die Wirkungsweise der Calomel-Einstäubungen in das Auge," *Virchow's Archiv.*) found mercury in the urine of patients who had calomel dusted persistently in their eyes. It cannot be doubted that the calomel is partially sublimated in the conjunctival sac, and as such is absorbed.

The same distinguished chemist made an observation on himself. He suffered from anterior synechia and from opacities of the cornea, which caused nearly total loss of sight. The latter had resisted the strongest solution of atropine for eighteen months. He then instilled a moderately strong solution of iodide of potass. The fresh solution caused no great irritation immediately, but after four or five hours most violent pains set in. Kämmerer supposed that the hydroiodic acid which was set free by decomposition, might be the cause of the pain. He tried to prevent the freeing of the acid by the addition of bi-carbonate of soda; the best possible result was attained; not only did the opacity become gradually thinner, more transparent, but the synechia also gave way, the pupil became again movable and normal.

In consequence of this experience, Kämmerer recommends a solution of 2 grammes of iodide of potassa, 1 gramme of bi-carbonate of soda, water 40 grammes, to which iodine may be gradually added, until the solution becomes quite red. This solution will change on exposure to light. The quantity should be no more than required for eight days.

In reference the effect of Strychnia upon the eye, it is worthy of mention that Falck in his toxicological studies, *Vierteljahrrschrift f. gerichtl Medicin*, vol. xxi,) found as a premonitory symptom of poisoning by strychnia, hyperæsthesia of the retina. Animals become photophobic and seek dark places.

Acker ("Ueber Lahmung nach Diphtherie and uber Subcutane Strychnin Injection," *Arch. Klin. Med.* Vol. xii) reports the results reached with hypodermic injections of Strychnia in cases of paralysis, the sequel of diphtheria. They were, in the main, very favorable, though not exclusively due to strychnia, for galvanism had been used at the same time.

This essay, however, chiefly aims to mention the dose and the effect of strychnia injection. The single dose was 0.01 of a gramme of strychnia nitras, the solution 2 per cent. In one case there were injected in one month 0.46 of a gramme; in another,

in nineteen weeks, almost 4 grammes. The dose of 0.01 of a gramme, twice daily injected, produced no toxic effect. A dose of 0.02 of a gramme produced, the first day, no toxic symptoms, but the same dose, repeated the second day, caused considerable toxæmia, such as trismus, trembling, tetanoid stretching of the limbs, but which subsided without antidotes, leaving only a little prostration behind. *A cumulative effect had never been perceived.*

He mentions the brilliant achievement of R. Barnwell, in 1870, with large doses of strychnia in a concentrated solution, in several cases of paralysis, in which the treatment with electricity had remained fruitless, among which were many young children. With a child of 9 months, $\frac{1}{14}$ grain=0.0042 of a gramme was used daily for some time. This was well borne, while $\frac{1}{3}$ grain caused only slight toxæmia. Barnwell lays great stress upon local application in local affection. By a small absorbing surface, small quantity of injecting fluid, but a strong concentrated solution, he expects to retard its absorption in the blood, and thus to prolong its local effect.

Heiberg (Massage ved Œjensyzdomme) found that Massage or Shampooing of the cornea (?) very useful in facettes and corneal opacities. In the latter, sight had improved from $\frac{20}{200}$ to $\frac{20}{50}$. The treatment lasted several months.

Gastaldo (Du Seton Keratique, Geniv medico Quirurgico, Ann. d' Oculistique) recommends a Corneal Seton made of one or two horsehairs, covered with some irritating unguent, to be drawn with a needle through an opaque cornea, to bring about a resorption of an interstitial deposit (!).

He suggests the same method, likewise, in chronic glaucoma, in order to establish a permanent escape of the aqueous humor, and also in several other diseases of the eye, as a means to convey remedies into the interior of the eye, such as strychnine, brucine, eserin, phosphorus, and, lastly, with a view to induce suppurative inflammation and gradual shrinking of the bulb.

Beard ("Medical and Surgical Cases Treated by Electricity") reports, among many other electro-therapeutic achievements, a case of asthenopia with a young woman which had been entirely relieved by galvanism.

Rockwell ("The Relation of Electricity to the Pain of Herpes Zoster," *Phila. Med. Times,*) comes to conclusions about the treat-

ment of Herpes Zoster with violent neuralgia: that in zoster of the head the *galvanic*, and in zoster of the trunk and extremities the *faradic* current predominates, and is exclusively operative.

Soetlin (Zur Therapie des Nystagmus mittelst des Constanten Stroms) effected cures in two cases of acquired nystagmus with the continuous current. The cathode was placed upon the closed lids, the anode behind the ear, and a current from seven elements was kept up for one and one-half minutes.

Nieden ("Ueber Nystagmus als Folgezustand der Hemralopie," *Berlin Klin. Wachenschrift*), who usually relieved mild cases of hemeralopy with nystagmus by glasses, tonics, strychnine, found all these remedies inoperative in a case where nystagmus had lasted fourteen years, but attained the desired result by the application of the constant current for ten weeks. The kathode was applied to the temple, the anode to the mastoid process. The current came from eight to twelve elements, kept up one minute.

Clinical Reports from Private Practice.

[The readers of the JOURNAL, especially those who reside in the country, should bear in mind our wish that this department BE KEPT FULL. Long histories of cases are not wanted, as they will crowd out other reports. Short, concisely written reports are wanted.]

MALIGNANT PUSTULE. By E. A. VOGT, M. D., of St. Louis, Mo.

I was called to see G. St——, a young man 17 years of age, on Tuesday, March 6th, 1878, apparently suffering from erysipelas. I found him in a very high fever; temperature, 104°; pulse, 130; his eyelids were closed and œdematous, looking like bladders; the lips, cheeks and scalp, as well as neck, were enormously swollen or puffed up; his breathing and deglutition was much embarrassed.

The history as given at that time, showed that he had hurt his eye by falling from a milk wagon; this happened on the previous Saturday.

TUESDAY A. M.—Finding his eyelid blackened and swollen, he

went to a barber, who applied a few leeches to it; after that the pain, fever and swelling set in. Ordered

Sulph. of mag.....ℨiss.
Chin. sulph.....grs. xv.
Acid sulph. diluted.....ℨij
Aq. and syr. simp. aa.....ℨiij.
Sig. Every two hours a tablespoonful.

Also gave

Calomel.....grs. iv.
Dover's powders.....ʒss.

M. f. p. Sig. To be given at night.

Wednesday.—Continued medicine; collodium was applied to the swollen face and ice to the head.

Thursday p. m.—The patient acted like a maniac, so much so that nobody could manage him; the swelling had so increased that his face did not resemble a human being, but was a shapeless mass. Dr. Hall was called in for consultation; he was not satisfied with the history given; inquired whether or not if the young man had handled diseased animals, but this was strongly denied; so he gave it as his opinion that this was not a case of simple erysipelas, but that blood poisoning must be the cause of it.

He ordered bromide of potassium in ten grain doses, every hour; also quinine in two grain doses dissolved in diluted sulphuric acid; cranberry poultice was applied to the face and hot foot-baths were ordered.

Friday.—Patient little easier; the bromide of potass. continued, alternately with five grain doses of sulph. carbolate of sodium in a mixture. The same treatment was continued on Saturday.

Sunday.—Swelling begins to fall; patient sleeps well; bromide omitted; a solution of permanganate of potassi. applied to the eyelids, which looked black; could not be opened; quin. ferro-citri in one grain doses, internally.

Eight days later I had another consultation with Dr. Hall. The ulcer around the eye was gangrenous, and, nothwithstanding the repeated washings every hour with solutions of permangonate of potass. with chlorinated sodium, carbolized glycerine and chloral hydrat was tried in succession the ulceration had destroyed nearly every particle of the muscles of the orbit, so that the eye was laid bare as if it was pealed out from its socket. One could see deep into the orbital cavity, even to the lesser wings of the sphenoid.

Dr. Hall examined the patient minutely as to the possibility of his having contracted syphilis, but this he strenuously denied, so we arrived at the conclusion that the leeches must have been used previously on a syphilitic patient, and in this way poisoned his blood. Accordingly we ordered a mixture of corrosive sublimate and iodide of potassium and gave it freely. In a short

time a slight salivation was produced; from the hour that the mercury took effect, the sore eye began to heal, and fourteen days later a radical cure was effected.

Then, and not till then, the mother of the boy gave the true history of the case, viz: That her son, without the knowledge of and against the will of the father, had skinned a cow which died from murrain. His brother, who aided him, had at the same time a very small malignant pustule on his right arm, but had it burned out immediately with caustic.

There is, so far as I know, not a case of malignant pustule on record, where the internal use of corrosive sublimate as an antidote is recommended, and in so far this case may be an interesting one.

JEFFERSON AVE. AND BENTON ST.

RIGID OS UTERI; DILATATION MANUAL AND INCISION WITHOUT SUCCESS.

By CARL WALLISER, M. D., of Highland, Ill.

Mrs. B——, aged 27 years, primipara, was suffering much from fluor albus as a girl. On the evening of the 26th of July, 1876, she had the first pains which dilated the os to the size of a ten cent piece; since the evening of the same day no further advancement; the liquor amnii flowed very freely. On my arrival on the night of the 27th, I found the uterus in the condition of tetanus; the patient complained of continual pains, which left the local state of the os unchanged; the latter was open one-half an inch in diameter and was very hard, rigid; the portio-vaginalis and vicinity swollen; membranes ruptured; head in first position stood deep. As manual dilatation failed, I made with the buttoned bistoury, three lateral incisions in the os and gave, there being no appearance of further dilatation, morph. per os and subcutaneously; chloroform could not be borne; half an hour later I found the diameter of the os still unchanged; continual spurious pains with only short intervals; the os is so contracted that I could not introduce two fingers into it. I then ordered chloral hydras to be given in the dose of 1.80 (thirty grains). The first dose to be taken at 3 A. M., fifteen minutes after the exploration should dilatation be one inch; the intervals of pains becoming longer, a second dose (1. 80) was given at 4:20 A. M., and from that moment the os dilated fast. The application of the forceps not being permitted, I injected in order to alleviate the pains, 0.2 (three grains) ergot in the abdominal walls; at 4:40 A. M. the child was born. Mother and child did well.

Mrs. B., was again confined the first day of October, 1878; no medicine being given, all went well.

In the above described cases it was attested by the midwife, that at the beginning of the labor secalē powders were given. There is much abuse of ergot by midwives in this country. I have found, that when (which often happens) secalē was given in the first (dilatation) period, it arrests further development, because the uterus becomes tetanus-like contracted; the labor is thus made continual and the pains spurious. Every accoucheur should forbid to the midwife the use of secalē and its preparations before the expulsion period has begun and the head stands deep. If this rule is observed, many child-births will less frequently become abnormal, and the mortality and morbility of both mother and child will diminish.

AN UNUSUALLY SMALL CHILD. By T. A. WINN, M. D., Libertyville, Mo.

I take the liberty of sending you the following cursory account of an anomalous case that occurred in my practice, presuming that it would not be altogether uninteresting nor unprofitable:

I was called on hastily to visit a Mrs. H——, a multipara, who was represented by her husband to be suffering from excessive hemorrhage from the uterus. Upon arriving at the bedside I found that blood had been flowing more or less for about a week, and that the uterus was contracted powerfully, this accompanied with great pain. She was in the sixth month of pregnancy. She stated that these symptoms had been superinduced by lifting. My patient was a stout, hearty young woman, and had never had any trouble with former conceptions, always going to full term. I immediately instituted the usual treatment to control the contractions of the womb, hoping thereby to stop the hemorrhage and carry her through the critical period, and thus be enabled to prevent miscarriage. My hopes were not realized, for in about six hours she was delivered of a six months' old fœtus, a male child, tolerably well formed, weighing two pounds. It contained very little viability, and had to be faithfully worked with by friction and tepid bath impregnated with camphor and alcohol before there was much indication of resuscitation. It was fed on fresh cow's milk, diluted and sweetened. It finally revived so as to be able to move its limbs, take the nipple, and to perform the usual functions of a child that had gone to full time.

Of all the babies that I have had the honor of assisting to

make their entrance into this wide world of ours, during a practice of seventeen years, this one certainly beat them all. To give you an idea of its diminutive size, allow me to state that a lady who was visiting took a ring off one of her fingers and readily passed it around the hand and up over the arm. I was beginning to be quite hopeful of the little fellow's future, but I was disappointed, for in about eight days he passed away.

Will not some one of our gynæcological savants please inform us, through the columns of your valuable journal, if such minute specimens of Adam's race ever live to approximate anything like maturity. In concluding this too long and imperfect report, I can not but help notice the great contrast between the size of this child and those reported in the September number of the Journal by Professors McPheeters and Maughs, the former weighing fifteen and one-half pounds, the latter sixteen pounds.

On the Treatment of Pleuro-Pneumonia with Nitrate of Pilocarpin. By T. H. Newland, M. D., of St. Louis.

As the season is fast approaching when we shall be called upon to treat the diseases of the thorax, and as there are a variety of modes of treatment resorted to, to check or at least to guide the patient to a favorable issue, it behooves us to be prepared with the easiest possible manner of giving relief as speedily as possible.

Pleurisy or inflammation of the lining membrane of the thorax and lungs, is ordinarily brought on by exposure to cold and dampness, in which case it is denominated idiopathic pleurisy.

Considering that in the first stages of both diseases there is an engorgement of the capillaries, both of the pleura and lung substance, I thought that diaphoretics and diuretics must certainly be of service.

There has lately came to the notice of the profession a remedy which in the future bids fair to be a very valuable addition to our materia medica. I allude to jaborandi. It is said to possess very powerful diaphoretic, diuretic and sialagogue properties. It was discovered in California, but was first used in South America. The action of the remedy no doubt depends upon the alkaloid, pilocarpin, which has been used lately by French physicians in phthisis. From reports of the therapeutic action of this remedy I was induced to try it in pleuro-pneumonia. So far

I have met with good results. Below I will cite one case in which I used the nitrate of pilocarpin.

P. R——, aged 55; complained of some pain in the side; found him sitting on the bed; respiration very much accelerated, beating 40 per minute; short, sharp cough, with constant pain in infra-mammary region; he could not lie on the affected side; the usual difficult elevation of ribs was present on auscultation; I also discovered the pathognomonic symptom of pleurisy, the friction sound. In addition I also found the crepitant râle of pneumonia with expectoration of rusty sputa; and upon percussion I found dullness distinct over the lower lobe of the lung. The diagnosis was therefore very clearly a case of pleuro-pneumonia. I commenced my treatment with the usual saline cathartic, and after having produced several good evacuations from the bowels, I commenced with the nitrate of pilocarpin, three-eighths of a grain hypodermically. I waited to watch the effects; this came on in about twenty-five minutes. The saliva began to flow copiously; in about ten minutes more active diaphoresis set in, which lasted an hour; after this my patient felt greatly relieved, in fact he could then lie down; his breathing became easier; had no pain; slept for four hours; respiration reduced to 29 per minute; I ordered warm poultices to his chest and repeated the hypodermic injection of three-eighths of a grain in the evening of the same day, after which the same symptoms re-appeared, the patient getting better after each dose. I used three-eighths of a grain for three successive days, twice a day. After the third day my patient was so much better that I discontinued the use of nitrate of pilocarpin, but continued the poultices to the chest, with the usual tonics of quinine, beef-tea, etc. This case I watched very carefully and can attribute the rapid improvement and prompt relief obtained to the use of the drug. I have treated similar cases but not with as prompt and speedy relief.

With this little description I hope that the profession will give it a fair trial, and report the results for the benefit of the profession, so that all may reap the benefit of the investigation.

1009 South Seventh Street.

Proceedings of Medical Societies.

ST. JOSEPH MEDICAL ASSOCIATION.

The regular weekly meeting of the St. Joseph Medical Association was held in the Court House, St. Joe, Mo., January 2d, 1879, at 7:30 P. M., President Dr. Donelan in the Chair, J. Geiger, Secretary. A good number of the members were present.

This being the annual meeting, the Association proceeded to the election of officers for the ensuing year, which resulted as follows:

President—Dr. Jacob Geiger.
Vice President—Dr. J. H. Stringfellow.
Secretary—Dr. S. F. Carpenter.
Treasurer—Dr. Hugh Trevor.

The outgoing President made a few appropriate remarks, and introduced the President-elect, Dr. Geiger, who, upon taking the Chair, made a lengthy speech.

On motion, the discussion of regular question, Epilepsy, was postponed.

Dr. Carpenter was appointed Essayist two weeks hence; and Fracture of the Clavicle the subject for discussion for the next meeting.

The Society adjourned.

DISTRICT MEDICAL SOCIETY OF NORTHWEST MISSOURI.

The fifteenth quarterly meeting of this Society met at the Court House, St. Joe, Mo., Jan. 9th, 1879, at 10 o'clock, A. M., President Dr. Geo. C. Catlett in the Chair, Dr. Jacob Geiger, Secretary.

The minutes of the previous meeting were read and approved.

The roll was called, and following were found present: Drs. W. H. Bryant, Savannah, Mo.; T. M. Laney, Savannah, Mo.; A. Goslin, Oregon, Mo.; J. M. Huffmann, Whitesville, Mo.; C. W. Spicer, Fillmore; W. W. Carter, Wathena, Kansas; I. L. Tracy, Rockport, Mo.; R. H. Smith, Craig, Mo.; Drs. Heddens, Trover,

Donelan, Siemens, Doyle, Geiger, France, Chesney, Richmond, Carpenter, Catlett, Smith, Christopher and Craig, of St. Joseph.

The Chair appointed Drs. Richmond, Tracy and Carpenter Committee on Programme. After short consultation they reported the following order of exercises:

Two o'clock P. M., Essay by Dr. W. A. Bryant.

Three o'clock P. M., Essay by Dr. Geo. C. Catlett.

Four o'clock P. M., Essay by Dr. Jacob Geiger.

Five o'clock P. M., Essay by Dr. J. Leigh.

Seven o'clock P. M., Essay by Dr. T. H. Doyle.

Eight o'clock P. M., Essay by Dr. A. Goslin.

Nine o'clock P. M., Essay by Dr. W. I. Heddens.

Ten o'clock P. M., discussion of question, Pneumonia, and reports of cases.

Report was adopted.

On motion of Dr. Doyle the resolution to amend Article 5, Section 3 of Constitution, in reference to election of members, be taken up and acted upon. Resolution was voted on and carried, changing the vote from a four-fifths to a two-thirds vote.

Dr. G. W. E. Chamberlain, of Rockport, Mo., and Dr. J. C. Farr, of Alanthus, Mo., made application for membership. The Committee on Election reported favorably on the applicants. They were balloted for and elected.

The Committee on the Revision of the Constitution and By-Laws read their report, which was laid over until next meeting for final action.

The Society adjourned until 2 P. M.

AFTERNOON SESSION.

The Society was called to order by the President, Dr. Catlett, at 2 P. M.

Dr. A. B. Allen, of Barnard, Mo., made application for membership, and was elected.

Dr. Bryant, of Savannah, Mo., read an excellent paper on Lacerated Perineum, and exhibited a needle for the operation after his own plan. Paper received and referred to Committee on Publication.

This very interesting subject was thoroughly discussed by Drs. Siemens, Richmond, Goslin, Geiger, Doyle, Christopher, Spicer, Catlett and Craig.

Dr. Geiger, of St. Joe, read an essay on Electricity in Surgery. Discussed by Drs. Carpenter and Siemens.

Adjourned until 7:30 P. M.

EVENING SESSION.

The Society convened at 7:30 P. M., Vice President Dr. Hugh Trevor in the Chair, Dr. Craig acting as Secretary, *pro tem.*

Dr. Doyle read a very able and lengthy essay on the Disorders of Menstruation, which was discussed by Drs. Richmond, Goslin and Craig.

Dr. Goslin presented an interesting specimen of intussusception of the bowel.

Dr. Spicer opened the discussion on the regular subject, Pneumonia. A lively debate followed on the subject between Drs. Christopher, Siemens, Goslin and Craig.

Dr. Craig presented a pathological specimen, Fibro-Cystic Tumor of the Ovary, removed by Dr. E. W. Bliss, of Hiawatha, Kansas.

Dr. Richmond requested an opportunity to enter a plea for the prompt use of the forceps.

Drs. Richmond, Doyle and France were appointed a committee to prepare programme for next meeting.

The committee, after a short consultation, reported as follows: Essayists, Drs. R. H. Smith, C. W. Spicer, C. J. Siemens and D. J. Christopher. Subject for discussion: "Which are the best remedies to improve appetite, digestion and assimulation." Report adopted.

Drs. Catlett, Goslin, Bryant, Donelan and Trevor were appointed a committee to draft a petition to the State Legislature to establish a State Board of Health; also to correspond with the different medical societies to insure a concert of action.

Adjourned until April 10, 1879.

THE HOWARD COUNTY MEDICAL SOCIETY.

The Howard County Medical Society met in Fayette, Mo., pursuant to adjournment, September 2d, 1878.

The meeting was called to order by Dr. I. P. Vaughan, President of the Association.

The minutes of the preceding meeting were read and adopted, and, the roll being called, the following gentlemen answered to their names, viz.: Drs. I. P. Vaughan, M. B. Collins, J. B. Scott, B. E. Dawson, J. T. Bailey and U. S. Wright.

Under the head of "reports from committees," Dr. Vaughan reported that he had heard nothing definite from Dr. Bonham, Jr., in reference to his practice of the secret pile remedy, and asked further time to consider with Dr. Bonham before action be taken by the Society, which request was granted him, extending the time to our next meeting.

Dr. Scott read an essay on the "Treatment of Epilepsy," giving a variety of remedies used by the most skillful physicians, both of Europe and America, many of which he had used on some two or three patients with but little good accruing, but he thought he had derived more benefit from the use of a prescrip-

tion recommended by Dr. U. C. Fleming in an article published in Brinton's *Half-Yearly Compendium of Medical Sciences*, which he gave to the Society. It consisted of the hydrocyanate iron, valerianate quiniæ, cyanate of zinc and extract hyoscyamus. The Doctor urged the members of the Society to more fully test its merits. After the essay was read the members of the Society had quite an entertaining discussion upon the etiology, pathology and treatment of the disease under consideration.

Dr. Collins next read a paper on the use of ergot in a variety of diseases, recommending its use both internally and externally. He had not fully tested its merits in all the diseases mentioned, but spoke with positiveness as to its good effects in hæmoptysis; also of the happy effect produced by its use in conjunctivitis. He was anxious that all its virtues should be more fully known to the profession, and hoped that further experience with its use would make it worthy of still more confidence by the profession. The Doctor's essay was fully appreciated by all present, and his views were fully substantiated by the experiences of the members of the Society.

Dr. Dawson read an essay on the subject of "Satyriasis," which was novel in its construction and quite interesting to the Society. The Doctor fully appreciates the advantages to be gained to the Society by every member bearing his part of the duties assigned him, and, although absent from the Society at our last meeting, he came prepared to give his production as a voluntary contribution.

After the discussion of the papers, the members entered into the discussion of hæmorrhoidal tumors, expressing confidence in their ability to cure piles by the various methods of treatment known to the profession, with as slight pain, as little detention from business, and in as short a time, as can be done by anyone of those who are now heralding their infallible cure.

The meeting was a very interesting one, and was in every way calculated to strengthen the bonds of union between the brotherhood. As time was limited, the subject of "Nævi" was continued until our next meeting, when Dr. Vaughan will open the discussion with a paper upon the subject. The subject of "Malaria" was also adopted for discussion.

Drs. J. W. Southworth, J. W. Hawkins and J. A. Biles were appointed as essayists for our next meeting.

On motion of Dr. Collins, and by a vote of the Society, Glasgow was selected as our next place of meeting.

On motion of Dr Dawson, the Society adjourned until the first Monday in October, 1878.

I. P. VAUGHAN, President.

U. S. WRIGHT, Secretary.

The Howard County Medical Society met in Glasgow, persuant to adjournment, Oct. 7th, 1878.

The meeting was called to order by Dr. I. P. Vaughan, President of the Association.

The minutes of the preceding meeting were read and adopted, and the roll being called the following gentleman answered to their names, viz:

I. P. Vaughan, John T. Bailey, Vaughan Bonham, J. A. Biles, B. E. Dawson, M. B. Collins, B. E. Powell, I. W. Harkins, J. W. Southworth and U. S. Wright.

Dr. Vaughan was called upon for the matter of reference in regard to Dr. Bonham's resignation, as presented to the Society, whereupon, Dr. Bonham being present, made a statement to the Society as to his regret for his action in violating the rules of the Society, by advertising as he had done his secret pile remedy, in which statement he gave a history of his connection with this man Thornton, who came to his father bearing testimonials from Dr. Freeman, etc., all of which statement being satisfatory to the Society, upon his withdrawal of his written resignation from the Society, and on motion of Dr. Collins he was continued in full fellowship.

Reading of papers being next in order, Dr. J. W. Southworth read an interesaing essay on "Transfusion of Blood," in which he gave a detailed account as to what was transfusion and of its being practiced even in the early ages of the world's history, following its results from that period to the present in its beneficial effects to those brought near death's door. He urged his brethren to be ever ready to perform the operation, whenever by traumatic or other causes their patients were in absolute need of that live-giving fluid, blood. The merits of his article were duly appreciated by all present.

Next came the discussion of subjects, and Dr. Vaughan, as per appointment, favored us with quite an entertaining and elaborate treatise on "Malaria," what it is not and what it is. The article was a scientific one.

Dr. Wright read before the Society a letter from Dr. French, of Mexico, in reply to a postal written by Dr. Wright with reference to Freeman's remedy for the cure of piles. Dr. French sent the desired information in printed form, said to be a true copy of Freeman & Reily's pile cure, given in detail. After reading the letter, and prescriptions for the cure of the piles and fistula, by a vote of the Society it was decided that the recipe should be published.

"Some use equal parts of carbolic acid and sweet oil; others use glycerine in place of the oil; while others prefer the acid alone and in full strength. The prescription that has been sold as a secret remedy is the following: Phenol (carbolic acid,) 6 drams; naphthaline, 2 drams; acetate morphine, 10 grains; tannic acid, 5 grains; hydrastis in a little chloroform and then

add other ingredients. Inject five or six drops of the prescription into the pile tumor, operate on one at a time, and let the operation be ten days apart. For ulcerated bowels we use alum, rosin, hydrarg, naphthaline and glycerine. Mix and use as an injection two or three times a day, a tablespoonful at a time. For fistula we use white iodine or sulphate of copper. Envelop in a thin layer of cotton and put into fistula openings. A physician will readily understand its mode of treatment. As a local application after the hypodermic injection of the pile tumor, we use equal parts of calomel and tannic acid, or the iodide of potassium; mix them together with linseed oil to make it about the consistency of cream, and apply with a camel hair pencil."

"The Origin of Epidemic Diseases" is the subject for discussion at our next meeting. The idea is, do they originate from one and the same cause. There was no one appointed to open the discussion. Dr. Vaughan made the selection.

Drs. Biles, Hawkins and Bonham were appointed as essayists at our next meeting.

On motion of Dr. Bonham, Society adjourned to meet in Fayette, on the first Monday in November, 1878.

I. P. VAUGHAN, President.

U. S. WRIGHT, Secretary.

Periscope of Current Medical and Scientific Literature.

THE PRACTICE OF MEDICINE.

ENEMATA OF CHLORAL IN SICK HEADACHE.—Dr. J. Seure (Bull Gen. de Therap., 1878. p. 365,) recommends this treatment very highly. He says that a patient of his, a lady who is subject to severe attacks of migrain after shopping, etc., is accustomed, on her return home, to take an enema consisting of a glass of warm water with a tablespoonful of the following mixture: Chloral grs. xiv, aq. dist. fl. ʒ x. She then reclines upon a sofa, with closed eyes. Within a few seconds she begins to taste the chloral in her mouth, and at the same time she experiences a sensation of numbness. Little by little the headache disappears, nausea is allayed, and a half hour later nothing remains but a slight discomfort in the head, with a little torper. Within an hour this lady finds herself able to sit down to dinner, and by the time the meal is over she has forgotten all about her headache, and is able to entertain visitors during the evening. In this case twenty

grains of chloral are enough, but in the case of men thirty or forty grains are required. Dr. Seure has noticed that the relief gained is more prompt if a tablespoonful of brandy or whisky is added to the enema. The enema has one disadvantage, that is the slight burning pain it causes in the rectum. This may be avoided by the use of a glass of warm milk instead of warm water, or better by beating up the yolk of an egg in the water. In the case of individuals who retain the enemata with difficulty a smaller amount may be injected, and a drop or two of laudanum may be added. Dr. Seure regards this treatment as almost infallible for the arrest of sick headache, and as decidedly preferable to the administration of remedies by the mouth. It has the advantage of not disturbing the stomach. Chloral acts also very promptly, its absorption by the rectum being almost instantaneous, as is proved by the effects on the general system, and also by the exhalation of chloroform by the lungs within a few seconds after the enema has been taken.

IS IT SAFE TO PUNCTURE IN HEPATIC ABSCESS?—An important contribution to this subject is contained in the *Lancet*, Nov. 16, from Surgeon Maj. M. C. Turnell, senior physician to the General Hospital, Madrid, who has had, of course, very wide experience in this disease. He gives a number of cases, and his opinion of the operation is thus expressed: "In the following histories it will, I think, be seen that even when none but the most ordinary precautions which any careful surgeon would take in opening an abscess in such an important region, are adopted, the great bug bear—entrance of air—does not, as asserted by Surgeon Maj. Lowe, and so feared by Dr. Budd, 'invariably' take place, and the remaining cases show that if antiseptic precautions are taken, and above all, any attempt at squeezing the abscess be avoided, the simple incision by the scalpel, followed by puncture with a trocar, is preferable to the forcible extraction of pus by an aspirator, and that keeping the wound open by a piece of carbolized lint is immeasurably superior to allowing the canula to remain in, as recommended by Dr. Murchison, and so frequently practiced by the older surgeons."

THYMOL AND ITS USES.—As an antiseptic, thymol is much more powerful than either phenol or cresol (carbolic acid). Ranke uses a solution of one part of thymol to one thousand parts of water, instead of the carbolic solution of Lister. Dr. B. Kussner, of Halle, has tried it internally. In doses of three to five drops of one per cent solution he found it useful in the diarrhœa of children. An inhalation of one part to one thousand of water reduced the fever and expectoration in phthisical cases. Animals poisoned with thymol sink into a profound coma. After death their blood is dark and fluid. Fatty degeneration of internal organs is, however, not found. Injected into the veins

it lowers the temperature and induces stupor.—*Medical and Surgical Reporter.*

THE TREATMENT OF DIARRHŒA BY OXIDE OF ZINC.—Dr. Jacquier, of Nantes, uses the following formula: oxide of zinc, grs. lv, bichromate of soda, grs. vijss; in four packets, one to be taken every six hours. The results are considered to have been very satisfactory, inasmuch as in several cases the malady had endured from one to many months, and other methods of treatment had not produced any improvement. Thus, he concludes, that although by no means to be held as exclusive treatment, the employment of oxide of zinc deserves to be more generally known as useful in diarrhœa.—*British Med. Jour.* Sept. 28, 1878.

HYPODERMIC INJECTION OF DIALYZED IRON IN CHLOROSIS.—Prof. Da Costa reports vast improvement in the condition of a young woman aged 21, suffering from chlorosis, after the injection of dialyzed iron hypodermically for a fortnight. Hitherto iron has not been used in subcutaneous injections, as it is liable to cause irritation and abscesses, even with the tartrate, which is one of the mildest forms. The solution of dialyzed iron was found to be free from these drawbacks, even used consolidated. The punctures caused by the syringe show no signs of inflammatory action. In no case was there costiveness or disordered digestion, which are too often the after effects of the use of iron. Daily injections of fifteen minims of pure dialyzed iron was at first given, and this was gradually increased to twenty, twenty-five and thirty minims per day. Under this treatment the color gradually came back to the patient's lips, gums and tongue; her appetite was good, her bowels regular, and her headache gone. She was considered practically cured.—*Philadelphia Med. Times. Practitioner.*

TREATMENT OF SEVERE BED SORES.—Dr. Dyce Duckworth communicated to the American Dermatological Association meeting of 1877 a short paper on this subject. He recommends that in addition to the use of the water bed that the patient should lie with the buttocks and sacrum constantly upon poultices. These should be made of linseed, and if there be much discharge of fœtor, the cataplasma carbonis should be used. These should be made of pure linseed, and frequently changed; they must be large, and secured in position by a binding sheet secured over the abdomen by safety pins; the balsam of peru should be added if there is deep excavation and sloughing.—*American Med. Bi-Weekly.*

URTICARIA—BISULPHATE OF SODA.—Dr. Carter, Mt. Jackson, Ind., states that the hypodermic injection of a saturated solution of the bisulphite of soda in urticaria is the most prompt remedy in relieving this troublesome affection he has yet tried. It appears to act upon the periphery of the cutaneous nerves as does

belladonna, except that the latter has a heating and the other a cooling effect.—*Med. Brief. American Med. Bi-Weekly.*

INTESTINAL HEMORRHAGE.—An ounce or two of oil of turpentine in half or one pint of a tepid menstruum arrests, like a charm, intestinal hemorrhage, even when patients seem moribund.—*Dr. Hutton.* J. M. S.

OBSTETRICS.

THE ACTION OF MEDICINES UPON THE FŒTUS IN UTERO.—This subject has received considerable attention at the hands of quite a number of European physicians, and offers a field well worthy of careful research. The anti-syphilitic virtues of mercurials and of iodide of potassium, when given with a view to their influence upon the fœtus, have been well established by Weber, of St. Petersburg, and others. Recently numerous experiments have been instituted in Germany demonstrating the possibility of certain substances entering the circulation of the child when administered to the mother. Dr. Gusserow, of Strasburg, after administering iodide of potassium in full doses to the mother for some days or weeks prior to delivery, detected iodine in the liquor amnii and fœtal urine. Benicke gave salicylic acid to twenty-five women during labor, and found it in the urine of the children immediately after birth.

EXPRESSION OF THE PLACENTA.—In his "System of Midwifery," Dr. Playfair lays much stress upon and introduces a cut illustrating his method of removing the placenta in ordinary cases of labor. He waits fifteen or twenty minutes, when, under gentle kneading, the uterus will generally contract or harden under the hand, which grasps the fundus uteri. As soon as contraction is felt, strong and firm pressure should be made downwards and backwards in the axis of the pelvic brim. This maneuver is to be repeated, if necessary, with each successive contraction of the uterus, until the placenta is expelled. Dr. Playfair's faith in this method is thus expressed. He says: "I repeat that, after a little practice, the placenta may be entirely expelled in this way, in nineteen cases out of twenty, without even touching the cord, and the bugbear of retained placenta will cease to be a source of dread."

THE TRANSFUSION OF BLOOD.—John H. Brinton, M. D., in a lecture delivered before the medical class of Jefferson Medical School, says: I wish to call your attention to-day to an operation which some of you will no doubt be occasionally called

upon to perform, and which has long attracted and still continues to attract the attention of the profession. I propose to tell you how and when to perform this operation, and to show you the implements necessary for its performance.

There are, as you all know, many conditions in which men and women lose so much blood as to become exsanguine, and be in danger of dying from its loss. When in this condition, the only means at his power which the surgeon has of putting the vital fluid back into the system of his patient is by its transfusion from the veins of a healthy person.

In my estimation, the reason why the operation has always been so unsuccessful has been because it has invariably been performed too late. It should be done early, and before the patient is in a moribund condition.

In what cases should it be done? you will perhaps inquire. The diseases and states of the system in which the operation is demanded are many in number. Among these may be mentioned anæmia and chlorosis, gastric ulcer, post-partem hemorrhage, typhoid fever, puerperal fever—any disease, in fact, in which there is no organic circulatory lesion, but simply a mechanical loss of blood.

How is the operation to be performed? The blood must be drawn from the veins of some one who volunteers to provide it, and then, after due preparation, it must be injected into the veins of the sick person. When we think of the physical and chemical characters of the blood, we see at once how careful this preparation must be. If clots form in the injected blood, there is great danger of embolism. The admittance of air into the veins is equally dangerous. I remember one case in my practice when death was instantaneous from the admittance of air. I intend to show you how to avoid the clots, and how to keep out the air.

The operation of transfusion is one in which an assistant is absolutely necessary. This assistant must be adroit, must be well acquainted with the phenomena of coagulation, and must attend altogether to drawing the blood from the person offering himself for that purpose, and to the preparation of the blood thus drawn for the use of the surgeon.

Suppose, then, that I am called to perform transfusion in a case of intestinal or gastric ulcer, where a large amount of blood has been lost. I take with me an assistant whom I can thoroughly trust. He attends to the donor of the blood and I to the patient.

First, then, as to the withdrawal of blood from the donor. The drawing of blood is one of the rarest of operations nowadays. In old times it was very common. Blood is usually taken from the left arm, as the right arm is used more than the left. The vein from which the blood is taken is either the median cephalic or basilic. As a rule the median cephalic is

chosen. My rule is to bleed wherever a large vein can be found, no matter what vein that one may be. Before opening the vein, I take a fillet and tie it around the arm just above the point of incision. I give a stick to the donor to hold in his hand, and tell him to keep his fingers in continual motion, opening and shutting them upon the stick. This brings all the muscles of the forearm into play, and so causes an increased flow of blood to the parts.

Do any of you know the origin of the red and white barber's pole? It is nothing but the bleeder's stick. In old times barbers attended to many points of treatment which nowadays come within the sphere of the surgeon. Among other things, they were in the habit of bleeding, cupping, etc., and so the bleeder's red and white pole has come down to us as a symbol of the "tonsorial art," as the professors are pleased to call it.

In opening a vein I generally use a lancet, or rather my assistant uses one. All the blood which is the result of the bleeding must be received in a proper vessel. A great many vessels have been designed for this purpose, but I think that the simplest implements are always the best. I know that most hospitals are provided with a most complicated vehicle for the reception of the blood and the maintenance of its temperature, but I have devised a very simple vessel for use in my private practice. This is a common tin pan with an opening above, *i. e.*, a spout, and a vent below. On one side it has a little slide in which an ordinary thermometer is placed. Inside of the pan are two closed funnel-shaped vessels fitting into each other and provided with lips. The pan is filled with water at 116° F. From repeated experiments made, I know that any blood drawn into the inside funnel-shaped vessels in this pan containing water at 116° F. will be kept at a temperature of 98°. Before using any part of the apparatus, however, I soak it all in water raised to 116° F. The spout and vent are very useful to me, for, if the temperature is too high, I can draw out some of the hot water by means of the vent and pour in some cold water through the spout. Beside the assistant, who draws and whips the blood, another assistant is always necessary to keep an eye on the thermometer in the pan and see that the mercury is kept steadily at 116° F. As common thermometers vary, the one used should be tried before the time of operation.

What kind of an opening is to be made in the vein of the patient who is to donate the blood? A good, large, oblique opening should be made, so that the blood will flow rapidly. As some five or six ounces of blood, at least, must be drawn, we do not want the donor to faint, and so we make him sit down while the blood is flowing and administer restoratives at the first sign of syncope.

We will suppose, then, that six ounces of blood have been drawn by the assistant. The fibrin must be removed from this

blood. How is this to be done? The best thing for the purpose of whipping this fibrin out of the blood is a well cleansed and neatly tied up bunch of broom. Some physicians use regular egg-beaters for this purpose, but, as several beaters are necessary, I think the broom much more handy. All the while that the blood is being drawn the assistant keeps stirring it. When he raises one bunch of broom out of the vessel and finds it covered with strings of fibrin, he throws it aside and takes another. The broom I use is carefully boiled and dried beforehand.

When enough blood has been drawn, all that is necessary to do for the donor is to lay a plug of lint over the vein, pass several turns of a roller about the arm, administer a little brandy and water, and put him to bed.

But the blood which has been thoroughly beaten up still contains air in it. To get rid of this air it is necessary to strain the blood through a fine damask napkin. Here is where the outer funnel-shaped vessel is of value. A damask napkin is stretched over its brim and the blood from the other vessel strained through it.

The blood thus whipped and strained has lost its bright color; is dark in appearance, but still perfectly fluid. All the work thus far has been done by assistants. In the meanwhile I have been opening a vein in the recipient's arm and putting in a tube. There is no difficulty in finding a vein in the living subject except when the patient is unusually bloodless. I have a tube for injecting blood given me by O'Connoll, of Dublin. This tube has its eye on the top instead of at the end. This is very useful in some cases, but I generally employ a canula attached by rubber tubing to a syringe. This syringe, which I show you, was chosen by me from a lot of Viennese syringes, and is a most reliable implement. It holds just four ounces. Before using it the syringe must, of course, be dipped in water at a temperature of 116° F., so that it may keep the blood contained in it at 98° F.

After inserting the tube into the vein, I am accustomed to tie it in position. This is done by passing a broad thread beneath the vein. Before putting the tube into the vein, care must be had to see that the two currents of blood touch each other exactly, and that no bubble of air intervenes. After the tube has been tied in the vein, pressure may be slowly instituted on the handle of the syringe, and the blood gradually forced into the circulation. During this procedure the patient's face must be carefully watched, and the opposite pulse held by the trained assistant. The blood should always be thrown in very slowly. The funnel-shaped pan containing the blood ought to be properly graduated so that we may know exactly how much blood we are using. After the blood has been injected, the ligature round the vein must be cut and the tube withdrawn. A plug of

lint should then be placed over the wound and gentle compression instituted.

THE INTRAVENOUS INJECTION OF MILK.

In consequence of the great percentage of death in general practice from the effects of the transfusion of blood a new operation has of late years been proposed—that of the intravenous injection of milk. Thus far only about twelve cases, where milk was injected into the veins, has been put on record. Of these, three were performed by Dr. Edward M. Hodder, of Montreal; two by Joseph W. Howe, of New York; three by Dr. T. Gaillard Thomas, of New York, and four by Dr. Charles T. Hunter, of this city.

The advantages claimed for milk which show it to be a fluid more fit for intravenous injection than blood are that there is no danger of coagulation, and none of the passage of air. Moreover, milk is more allied to chyle, the material of which nature makes blood, than any other fluid with which we are acquainted. We all know that chyle from the *receptaculum chyli* empties directly into the subclavian vein after passing through the thoracic duct. This chyle, upon its entrance into the blood, is a whitish, oily, milky-looking fluid. Chyle is claimed by Dr. T. Gaillard Thomas (The Intravenous Injection of Milk as a Substitute for the Transfusion of Blood. Illustrated by seven operations. By Dr. T. G. Thomas. Reprinted from the *New York Medical Journal*, May, 1878. D. Appleton & Co., N. Y.), to be not very unlike milk in its composition. "Chyle," said he, "is fat in emulsion in a serous fluid. Milk is fat molecularly divided and suspended in water with casein and sugar." The objections which have been raised to the use of milk are that "the casein will cause obstructions in the small arteries; and that the emunctories, in endeavoring to eliminate it, will be overwhelmed by congestion." These objections Dr. Thomas answers by showing how nearly similar in their constitution milk and chyle are.

The kind of milk which is generally used is the milk of the cow, although, in a very celebrated case of intravenous injection of milk which occurred recently in this city, the milk injected was that of a goat, which was brought into the pantry of the house where the patient was lying, and milked there. In one of Dr. Joseph W. Howe's cases also goat's milk was used. The results thus obtained from the intravenous injection of milk have been moderately good, much better, certainly, than those obtained in surgical practice thus far by the transfusion of blood. Two of Dr. Hodder's, one of Dr. Howe's, two of Dr. Thomas', and one of Dr. Hunter's cases, were followed by very marked improvement. That is to say that out of the eleven cases in all already published, six have been successful, i. e., have been followed by marked improvement. Indeed, the fact seems to be that, had the injection only been made earlier in those cases where bad results followed, its effects might have been most ex-

cellent. In one of Dr. Hunter's cases—one of hemorrhage from the bowels as a result of typhoid fever—the patient rallied most wonderfully after each operation, and was only carried off at last by a most copious and draining hemorrhage. In one of Dr. Howe's cases the milk had been carried from such a distance as to be slightly decomposed before injection; hence the fatal result. According to Dr. Thomas, Dr. Eugene Dupuy, of New York, has shown that the intravenous injection of decomposed milk into dogs is uniformly fatal; whereas the same experiment, if practiced with perfectly pure and fresh milk, is entirely innocuous. In the other fatal case of Dr. Hunter's—one of Addison's disease—the operation was only attempted as *un dernier ressort*.

Dr. Thomas sums up the results of his operations as follows:

1. That the injection of milk in place of blood is perfectly feasible and safe.

2. That none but milk removed from a healthy cow within a few minutes of the time of injection should be used.

3. That the intravenous injection of milk is infinitely easier than the transfusion of blood.

4. That the injection of milk, like the transfusion of blood, is commonly followed by a chill, and a rapid and marked rise of temperature.

5. That not more than eight ounces should be injected at one operation.

6. That lacteal injections should not be limited to cases prostrated by hemorrhage, but should be employed in disorders which greatly depreciate the blood, such as Asiatic cholera, pernicious anæmia, typhoid fever, etc., and as a substitute for diseased blood in certain affections which immediately call for the free use of the lancet, such as puerperal convulsions, etc.

In performing the operation for the intravenous injection of milk, certain simple forms of apparatus are used. Dr. Thomas uses a glass funnel, having attached to it a piece of India-rubber tubing, with a very small canula at its extremity. The injections were always made into either the median basilic or cephalic vein of the left arm. Dr. Charles T. Hunter, who has performed the operation of transfusion several times, and has recently had three cases of milk injection to which reference has already been made, uses a form of apparatus slightly different from that of Dr. Thomas. Dr. Hunter, instead of a glass funnel, employed one of brass. His canula is only from one-twelfth to one-eighteenth of an inch in diameter, being smaller in caliber than the cephalic vein itself, and is connected with the funnel by means of a piece of rubber tubing about two feet in length and about one sixth of an inch in diameter. His canula is silver plated, provided with a carefully-constructed stopcock, and ends in a very fine point. Dr. Hunter does not pierce the vein through intervening skin and tissues, but makes an incision about one-half an inch long over the course of the vein, dissects

the vein away from the surrounding tissues, raises it on a grooved director, and then plunges the canula directly into it. He does not consider it necessary to tie the canula in position, but thinks that it is amply constricted by the wall of the vein.

He always strains the milk before injection. The question has frequently been raised as to whether the effects following the intravenous injection of milk are not due entirely to the presence of a stimulating liquid in the blood and its action on the walls of the heart; whether it can, therefore, be said to do anything more than merely tide the system over a state of marked depression; whether, in fact, the result obtained is any other than that produced in certain cases of epidemic Asiatic cholera by the injection of simple salt and water into the circulating fluid of the body. This is a point which has not yet been definitely settled.

With regard to the evident obstruction to respiration immediately following the injection in many instances, and the presence of marked albuminuria, all that I can say to you is that the pulmonary obstruction is said by some to be produced by the formation of casein in the arteries of the lungs, and that the albuminuria which follows the transfusion of blood, as well as the intravenous injection of milk, may be produced by the simple ingestion of unusually large quantities of the white of egg.

As far as my own practice is concerned, I think that, in future, I shall try the intravenous injection of milk in preference to the transfusion of blood. I have transfused a great many patients of late years, both in private and hospital practice, and my results have been very far from reassuring. I think the proposed intravenous injection of milk offers us much better results, judging from the cases published by Dr. Thomas and those in this city. The main obstacle to complete cure, as I have already said, thus far has been the late period of the disease at which the injection has been attempted. Though the exact *rationale* of the action of milk, thus introduced, upon the system has not been satisfactorily shown, I think this operation will, in a few years, have entirely superceded the transfusion of blood, which later operation is now being rejected as at once dangerous and unavailing in many parts of the country, and by many surgeons of authority and deserved eminence in their profession.—*N. Y. Med. Record.* W. C.

PHYSIOLOGY.

UREA FORMATION.—Recent experiments made by Prof. Gamgee, of Owen's College, Manchester, to determine the seat of the urea formation in the body, demonstrated that the liver is the principal if not the only organ of the body concerned in such formation.

WOMAN'S RIGHTS PHYSIOLOGICALLY CONSIDERED.—We find, therefore, that throughout the class mammalæ the respective tasks of the two sexes are precisely such as we find in our own species; the male is the defender and provider, whenever such defense and provision is necessary; the female is the nurse.

The man who brings home to his wife his weekly earnings, his professional fees, or his share of profits of a business, merely repeats on a higher scale the action of the lion who carries a deer or an antelope to his den.

Each sex fulfills the tasks for which it is especially adapted by nature, and anything like "subjugation" is out of the question. Were the duties of the two sexes confounded together, or still worse, were they inverted—the female for instance, going forth to face danger or to hunt for prey, while the male was left to nurse the young—the position of the species in the great and constant struggle for existence would be very decidedly altered for the worse. We must conclude, therefore, that the attempt to alter the present relations of the sexes is not a rebellion against some arbitrary law instituted by a despot or a majority—not an attempt to break the yoke of a mere convention; it is a struggle against nature; a war undertaken to reverse the very condition under which not man alone, but all the mammalian species have reached their present development. Sentimental speakers and writers have commented on this well-known fact, that even a very young boy will, to his utmost ability, defend his sister or female playmate, and have expressed a hope that his habit, the result of early training, would wear out, the female no longer needing, and the male no longer offering protection. Alas! is the very same habit in the ape, the lion, or the bison, the result of a mistaken training, or of an old world convention, to be laid aside in these enlightened days? What would be the position of a family of young lions if both their parents went forth to hunt? Yet very similar will be that of children, if their mother, as well as father, goes out to the daily toils of a profession, leaving them perhaps to themselves—perhaps to the care of ignorant and unprincipled hirelings.—"Biology and Woman's Rights" in *Popular Science Monthly*, Dec., 1878.

PARENTAL RESEMBLANCES.—Dr. G. Gregory writes to the *British Medical Journal:* For several years I have noticed, in hundreds

of instances, that the first-born son frequently resembles in facial appearance his mother, or one of her ancestors, most frequently her father. The first-born daughter, in about six out of every seven cases partakes of her father's likeness, or his mother's features. When parents have four or five children, the children which follow are most frequently compounds of both parents in personal appearance.

ACTION OF BILE ON FOOD—In some animals, at least, bile contains a ferment capable of converting starch into sugar; but its action in this respect is wholly subordinate. On proteids bile has no direct digestive action whatever. Bile has a slight solvent action on fats, as seen in its use by painters. It has a slight, but only a slight emulsifying power. The wetting of membranes with bile, or with a solution of bile salts, assists in the passage of fats through the membrane. It is probable that the bile is more useful when combined with pancreatic juice than when acting by itself.—*Foster.*

HARVEY AND HIS DISCOVERY.—Harvey in his earlier prefaces, promised to give full account of the labors of those who preceded him. There is strong evidence in his works that he failed to do so; he most certainly published without due credit more or less what he had learned from his Italian teachers. Dr. DaCosta treats with the severest scorn any and all who question Harvey's claims to the sole and exclusive discovery of the circulation, and speaks of it as the common fate of genius to have its conquests attributed to others. But here he interprets history unfairly. Nearly all great discoveries and inventions occur to several different minds almost simultaneously. The laws of intellectual evolution necessitate this. History is full of examples. Need we mention Adams and Leverrier, Morse and Henry, and the numerous others who reasoned out the same truths at almost the same time, wholly independently.—*Med. and Surg. Reporter.* I. N. L.

DISEASES OF CHILDREN.

ACTION OF MURIATE OF PILOCARPIN IN CHILDREN.—Dr. Demme, of Berne (*Cent. Zeit. für Kinder. Heilkunde*), has admistered muriate of pilocarpin to 33 children; of these, 18 suffered from desquamative nephritis after scarlatina, 3 from nephritis after diphtheria (without scarlatina), and a high degree of dropsy. In 12 cases the diseases were dropsy, from disease of the valves of the heart, multiarticular rheumatism, whooping cough, broncho pneumonia and parotitis. The ages of the children varied from nine months to twelve years. The dose administered

subcutaneously was, up to the second year, 5 milligrammes ($\frac{1}{12}$ gr.); from the second to the fifth year, 7.5 milligrammes to 1 centigramme ($\frac{1}{8}$ to $\frac{1}{6}$ gr.); and from the seventh to the twelfth year, 1 centigramme to 1½ centigrammes ($\frac{1}{6}$ to $\frac{1}{4}$ gr.). The injections were well borne except in two cases. In one of these, vomiting, hiccup, pallor of the face, and syncope; in the other, hiccup and twitchings of the limbs appeared from three to five mintues after the injection. The proper action of the pilocarpin was imperfect in both of these cases. Pilocarpin was found to be an excellent diaphoretic and sialagogue. The latter action was more marked in very young children, the former in older ones. The action usually commenced from 3 to 7 minutes after the administration, increased up to 15 minutes, remained at its height up to 20 or 40, and, in rare instances, 75 minutes, and then gradually ceased. There was an inconsiderable fall of the temperature. The frequency of the pulse increased by 20 to 40 beats; the pulse wave was full. The amount of urine was only exceptionally increased; in two cases there were watery stools. Dr. Demme arrives at the following conclusions: 1. Pilocarpin is an effectual diaphoretic and sialagogue in children. 2. It is borne very well in appropriate doses, even by children of very tender years. 3. Unfavorable after symptoms are but rarely observed, and probably, may be altogether prevented by the administration of small doses of brandy before the injection. 4. The condition in which it is chiefly indicated is parenchymatous inflammation of the kidney, with dropsy, following scarlatina. 5. Pilocarpin does not appear to exercise an influence on the heart's action. —*London Med. Rec.*, Aug. 5th, 1878.

TREATMENT OF PROLAPSE OF THE RECTUM IN INFANTS.—Dr. Settimio Basevi (*Wein. Med. Presse*, 1878, p. 1,153) speaks of the ordinary method of treating this accident, viz.: the application of a simple bandage after reduction, as being inconvenient and insufficient; it must be removed before each defecation. Basevi has suggested a new method which he has used successfully in a number of cases. In one, where the gut protruded four inches and had been out three or four days, it was reduced and cured within twenty or thirty days. Basevi's operation is as follows: He cauterizes the mucous membrane of the intestine lightly with nitrate of silver, and replaces the gut. Subsequently, enemata of tannin, alum and ice water are ordered, together with very strict diet, with a view to prevent entiritis. Should these measures fail and the intestine continue to come down, he uses his bandage as follows: The child is held by two nurses, with its buttocks up over the bed, one securing the upper portion of the body, the other the slightly abducted knees somewhat up in the air. This position is most favorable for the reduction of the prolapsed rectum, because the child can not bear down. After reposition, the surgeon stands on the right side of the bed, with

the thumb of the left hand pressing the child's left buttock to the right, while the fingers bring the right buttock towards and against it. With the right hand several strips of plaster of some two fingers' breadth are drawn from below upwards and outwards, overlapping one another across the buttocks from one trochanter to the other. The strips should approach the perineum as closely as possible. As a support to the plaster, a spica bandage of two or three fingers' breadth is run over the lower part of the body. A guttapercha or waxed paper covering can be used to keep the buttocks clean during defecation, and this bandage can be retained in position two or three weeks. If diarrhœa be present, astringent enemata may be employed, if constipation, laxative enemata, and these should be given by the physician himself, for fear of disturbing the bandage. The latter can be changed without difficulty when necessary.—*Phil. Med. Times, Dec. 7th, 1878.*

APHASIA IN CHILDREN.—A. Schwartz relates, in the *Deutches Archiv. für Klin. Medicin*, band xx, the case of a normally developed little girl 3 years old, who, during convalescence from an attack of measles, was suddenly seized with loss of speech and paralysis of the extensor muscles of the right arm. The right leg was unaffected. After a few weeks the paralysis improved, and the child learned to speak as if she had never spoken before. Considering the peculiarity of the manner in which speech was regained, Schwartz asks whether the right half of the brain did not gradually assume the functions of the left half, which had been impaired. Kuessner reports (*Archiv. für Psychiatrie*, vol. viii,) a case observed in the Polyclinic at Halle, of aphasia in a child 3 years old, who, without any apparent external cause, suddenly became speechless. She heard and understood everything, could move her tongue and limbs freely, endeavored to make herself understood by gestures, but could not speak. In a short time some improvement took place spontaneously, and she quite recovered after the administration of an emetic. Kuessner believes that the case was one of reflex aphasia, but leaves undecided the question of its origin.—*British Medical Journal, Sept. 28th, 1878.* W. E. F.

Editorial.

MEDICAL JOURNALISM IN THE UNITED STATES.[1]

With the year 1878 the two oldest medical journals of the United States complete each its fifty-first year of continuous publication. The *American Journal of the Medical Sciences*, (quarterly) three months the elder of the two, dates from November, 1827, and with the year 1879 begins its one hundred and third semi-annual volume.

The *Boston Medical and Surgical Journal* (weekly) first appeared February 19, 1828, and is now just entering upon its hundredth volume.

Next in age of the medical journals published in the United States,[2] and *the oldest of the medical monthlies*,[3] is the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL. Founded in the year 1843, by the late Professor M. L. Linton, as a monthly, it was changed to a bi-monthly in its fifth volume, and retained this form until 1872, when it was again published as a monthly. With the exception of about two years of interruption, during

1. The suggestion of these editorial remarks is due to a carefully prepared statistical paper on "The Medical Journals of the United States." By J. S. Billings, Ass't Surgeon, U. S. A., in the *Boston Medical and Surgical Journal*, for January 2, 1879. The facts noted are taken mainly from that paper, and from the *Catalogue of the Library of the Surgeon-General's Office, U. S. A.*, compiled under the direction of the same author.

2. The *Western Lancet*, (monthly) begun at Cincinnati, in May, 1842, and published afterwards for a short time at Lexington, Ky., was absorbed in 1858, by the *Cincinnati Medical Observer*, (monthly) and the new name of *Cincinnati Lancet and Observer*, was adopted. The publication of this monthly continued until July 1, 1878, when it was merged in the *Cincinnati Lancet and Clin* [illegible] Thus the word "Lancet" has been retained continuously as a part of the title of a medical journal, for between thirty-six and thirty-seven years, but neither the main title nor the identity of the journal has been fully preserved.

3. The *Medical News and Library*, (dating from January, 1843,) issued for many years past to the subscribers to the *American Journal of the Medical Sciences*, can scarcely be included in the list of independent medical journals.

the late war (November, 1861, to January 1, 1864), its publication has been maintained with regularity, and its thirty-third annual volume was completed with the year 1877. Enlarged at the beginning of 1878, and again at intervals during the year, it outgrew the limits of its customary yearly volume, and now once more enlarged at the beginning of 1879, it promises to its subscribers twelve monthly numbers of one hundred and twenty-eight pages, in two half-yearly volumes of at least seven hundred and sixty-eight pages each.

Prior to 1843, the year of the establishment of the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL, no less than SIXTY-SIX medical journals had been commenced in the United States, and of these fifty-nine, or all but seven, had ceased to exist; of the seven then living, but three survive, and only the two already noticed have maintained an independent and uninterrupted existence.

Since January 1, 1843, or during the life of this journal, one hundred and eighty-three medical journals have been born, and one hundred and thirty-seven are known to have died within the same period. Posting the account for the thirty-five years ending with 1877, the births exceed the deaths by thirty-five, showing an average increase in the number of journals published of one a year and making up a total of forty-two existing at the end of 1877.

Going back by periods of ten years we find the number of regular medical journals published in the United States, together with the number of births and deaths, to be as follows:

DECENNIAL PERIOD.	DIED.	BORN.	REMAINING.
1867 to 1877	61	46	42
1857 to 1867	50	50	27
1847 to 1857	42	34	27
1837 to 1847	29	19	19
1827 to 1837	23	24	9
1817 to 1827	20	16	10
1807 to 1817	7	5	6
1797 to 1807	4	0	4

The chances of a medical journal dying at its birth, that is of not passing beyond its first number, appear to be about 4 in 100; of dying at or before the end of its first year, about 37 in 100; of dying at or before the end of its second year, about 53 in 100. After this, as in human mortality experience, the death rate

diminishes, and the average medical journal enters upon, but does not complete its sixth volume. If its survives its first year it may be expected to enter upon, but not quite to finish its ninth volume, and if it survives its second year, it will probably enter upon, but not complete its twelfth volume.

For the causes of the great infant mortality of medical journals we need not to look far or search long. "The motive for the existence of the minor journals is not for direct profit but as an indirect advertisement, or—and this is more common—the desire to have a place in which the editor can speak his mind and attack his enemies without restraint." [4] New journals are every year started in the interest of individuals, medical schools and medical cliques, and such journals generally come to an early end as a result of the conviction attained through experience that the play is not worth the candle.

To establish a medical journal, money and labor must be freely as well as judiciously expended, and that steadily, and during a considerable period. Then, if the journal proves to be on the whole a good one, and suited to the needs of the average members of the profession, and if it is managed fairly well in its business department, it acquires a value which can be expresed in terms of dollars and cents, and even if its projectors get tired of their work, others will be found willing and eager to try their hands at the same task. Thus journals may change and do change in management and in character oftener even than would appear from the statistics of births and deaths; and this because an established name and subscription list has a recognized and undoubted market value, and can be sold presumably for what they have cost, if the purchaser gets tired of his often troublesome possession.

From changes and varying fortunes, such as have been hinted at, but one, and that the oldest of our medical journals, has been from the beginning free. *The American Journal of the Medical Sciences* has been singularly fortunate in steering clear of the rocks of error and bad management which have wrecked its nine contemporaries, and one hundred and seventy-three out of the two hundred and five journals since undertaken. Its long, prosperous and honorable career must be attributed first of all to the fact that it has been owned and published from the

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4 Billings *op. cit.*

beginning by one and the same publishing house, and that the oldest, most prominent, and most successful of those engaged in manufacturing medical books. Thus intimately bound up with the other interests of its proprietors, it has been possible for this journal to obtain a very large and permanent list of subscribers throughout the whole extent of the United States and Canada, and even in Europe, and the profits directly and indirectly growing out of its publication have justified a uniform liberality of expenditure, both in the payment of salary to its editor and in compensation to all acceptable contributors, which have secured for it the foremost position among American medical journals, and an honorable rank among the leading medical publications of the world. Singularly fortunate in its permanent ownership and excellent business management, this journal has been equally fortunate in securing and retaining the able, conscientious and impartial service of its distinguished and venerable editor-in-chief, Dr. Isaac Hays, who has been connected with its fortunes from the beginning, at first as one of its staff of collaborators, and since 1833 as editor. *The American Journal of the Medical Sciences* stands a noble monument at once to the rare business sagacity of the great publishing house now represented by Mr. Henry C. Lea, and of the equally rare editorial ability and fidelity of Dr. Isaac Hays.

Somewhat in contrast to the great American quarterly has been the career of the *Boston Medical and Surgical Journal.* Established in 1828 as a weekly, by the consolidation of the *New England Journal of Medicine and Surgery,*(quarterly) which, under the changed name of *New England Medical Review and Journal,* had completed its sixteenth annual volume, and the *Boston Medical Intelligencer,* (weekly) which had been begun by Dr. J. V. C. Smith, in 1823, its first editorial staff included the distinguished names of Drs. J. C. Warren, Walter Channing and John Ware, and for a few years the new journal worthily sustained the high character of the old quarterly. In 1835, Vol. XI, the journal became the property of Mr. David Clapp, a printer, who succeeded in making it pecuniarily profitable and continued to publish it for a term of nearly forty years. During the first half of this long term, the editorial department was under the charge of Dr. Smith, who had formerly edited the *Intelligencer*; after this the changes in editors were very numerous, but the journal improved greatly in character and attained a rank among the

best in the country. The journal now bears the imprint of Houghton, Osgood & Co., and is understood to be conducted under the control and supervision of an association of physicians. Its present high character and deservedly large circulation have made the *Boston Medical and Surgical Journal* one of the most valued as well as best known medical publications in the English language.

Compared with these two representative journals of America it behooves us to speak with modesty of the journal which we have the honor now to conduct. Founded by the late Prof. M. L. Linton, in 1843, and conducted mainly by him until the end of 1867; its successive title pages bear in addition the names of Drs. W. M. McPheeters, V. J. Fourgeaud, J. S. Moore, Jos. N. McDowell, J. B. Johnson, E. Deming, J. R. Allen, F. W. White, J. W. Clemens and G. Baumgarten. With the beginning of 1868, the JOURNAL became the property of the printers, Messrs. R. P. Studley & Co., with Dr. G. Baumgarten as editor, and, for the four years next succeeding, it was conducted with an ability and good judgment which have seldom been surpassed in the history of American medical journals. Unfortunately, however, the publication of a medical journal was not in harmony with the other interests of the publishers, and at the end of 1871, the JOURNAL passed by sale into the possession of Drs. Wm. S. Edgar and H. Z. Gill, who conducted it jointly for about one year, after which it became the sole property of Dr. Edgar, by whom it was published, and in the main edited, until the end of 1877; during a part of this time the name of Dr. D. V. Dean was associated with that of Dr. Edgar, as editor. During these latter years the circulation of the JOURNAL did not increase, perhaps scarcely held its own, and at the beginning of 1878 its number of paying subscribers had fallen below four hundred. Incapacitated through failing health for severe or protracted labor, Dr. Edgar made several attempts to transfer the JOURNAL to other hands, at one time procuring the incorporation of a stock company for that purpose, an effort which failed for the time, but which appears, nevertheless, to have borne fruit in the recent organization of a publishing association upon substantially the same plan. Passing, with the end of 1877, into the possession of its present proprietors, it was found to be a matter of the first necessity to increase the circulation o the JOURNAL in order to avert possible death from inanition,

and here the value of an established name and honorable past history as an element in journalistic success was shown in the very rapid and gratifying increase of the subscription list, which was secured by giving ordinary attention to this part of the work. This increased circulation, attracting the notice of intending contributors, led to a corresponding increase in the number and improvement in the quality of papers offered for publication, and long before the end of the year made it possible to secure for the editorial department the cordial and efficient coöperation of a large and able corps of collaborators.

The JOURNAL has now entered upon its thirty-sixth volume, more than doubled in size as indicated by the number of pages and trebled in actual contents, and with a steadily-growing circulation which already exceeds two thousand copies. The success thus far attained is the best evidence we can ask of the appreciation of our efforts by the great mass of the profession in our own and the neighboring States, and we confidently hope, by steadfast efforts in the same direction, to earn for the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL a good name which shall abundantly satisfy the requirements of all reasonable persons, whether subscribers or contributors.

AMENITIES OF MEDICAL JOURNALISM.

In the issue of the *Boston Medical and Surgical Journal* for January 9, there appeared a letter devoted mainly to the subject of the regulation of prostitution, but with a tail-piece puffing a medical journal association which was at that very moment in the throes of parturition. The indelicacy of the puff was thinly concealed under the transposed initials of the assistant editor of the much-lauded, unborn journal, and was, if possible, aggravated by a very uncomplimentary reference to the medical press of St. Louis. To such of our readers as may happen to have seen or heard of this letter it may be a comfort to know that this act of the writer is disavowed by those who are officially put forward as "responsible for the editorial and reportorial management" of the journal in which he is interested, and also that

he has taken occasion personally to call on us and kindly to assure us that his strictures do not and were not intended to apply to the ST. LOUIS MEDICAL AND SURGICAL JOURNAL under its existing management, but only to it as it had been at some past time and when it was in other hands. "Self-praise goes but little ways" says the homely proverb, and we feel sure, also, that unprovoked and wholesale disparagement of the presumably honest efforts of competing journalists will in the end injure rather than aid the particular undertaking thus indiscreetly advertised. We do however complain, and we think with reason, of a want of due vigilance upon the part of our esteemed Boston contemporary in allowing its pages to be used by a correspondent to say things which it would scorn to say itself to the discredit and possible injury of a sister journal. By a courteous and unsolicited disavowal of the sentiments expressed by its correspondent, and by a cordial and appreciative recognition of our own efforts, the *Boston Journal* has set itself right so far as it is possible for it to do so; but it is still true that when mud is freely thrown around a portion of it will hit somewhere, and in the present instance, we have reason to believe that the interested and improper expressions of the correspondent are being disingenuously used in the supposed interest of the journal in whose behalf they were written, and to the possible detriment, with its patrons, of the ST. LOUIS MEDICAL AND SURGICAL JOURNAL. We allude to this matter even at the risk of appearing over-sensitive to trifles, for the reason that improper communications are but too frequently offered to medical journals for publication, and only by constant vigilance can the concealed venom be detected, and the poisoned arrow turned from the intended victim.

AN editorial salutatory in a new local exchange touching upon "that hackneyed of all themes, elevation of the standard of medical education," appears to us to call for a timely word of comment. Is the editor so dazzled by "the radiance rising over the eastern hills" that he has overlooked the praiseworthy and very successful efforts of the St. Louis Medical College to establish a course of study covering three full years? This is "the most unkindest cut of all" when we remember that the exchange in question has sought strength through the

use of the names of gentlemen connected with the school thus slighted. A journal that claims to be "the organ of neither clique nor school" should take heed lest by ignoring the honest efforts of any school in the right direction, it assume a virtually partisan attitude in discouragement of a cause which it professes to have at heart.

Again, is it quite in the best taste to tell the profession from which a medical journal seeks its support that it "is greatly wanting in high culture, in a thorough knowledge of the most advanced facts of medicine, in strict ethical conduct of its members," etc., even though the editor expresses his conviction that "medical journals are most potent to remedy these ills?" And is the matter helped much by reminding his medical readers of the shortcomings of the other learned professions? It occurs to us that ethical practice is, after all, the most effective ethical preaching, for were not the streets of Jerusalem kept clean by each man caring for his own doorway? And, after all, who are the wise and judicious purveyors by whom "the greatest extent and variety of information will be furnished, and that too, of the latest and most advanced views entertained, both in this country and abroad, distinguishing, especially, the true from the false, the good from the bad." Are not their names all upon the advertising sheets at the end of the number?

Having somewhat hastily glanced over the contents of the same number, we notice a communication to which we feel it to be our duty to call the attention of the responsible "Executive Committee," viz.: an alleged correction of certain statements occurring in an article contributed to this journal in September of last year. In this connection, we beg leave courteously to suggest that a correction, to do the most good, should be made in such a way as to reach as many as possible of those who may be presumed to have read the journal in which the article originally appeared. We are always ready, in the interest of truth and justice, to publish a correction of any statement made in our JOURNAL, which is believed to be inaccurate or injurious, but we hold it to be a good and wise rule invariably to refuse to admit communications in correction of alleged errors of fact as reported by writers in other journals, except only in cases in which the opportunity to publish such correction has first been offered to and has been declined or neglected by the journal in which the statement to be corrected has appeared.

THE PLAGUE.

John W. Draper, in his work, "Intellectual Development of Europe," says: "The assertion is true that the Old World never recovered from the great plague in the time of M. Antonius, who brought it with the army from the Parthenian war. In the reign of Titus ten thousand persons died in one day in Rome."

The permanent home of this disease seems to be east of the Mediterranean. It visited Western Europe in the 15th, 16th and 17th centuries. In 1710 it destroyed one-half of the population of Marseilles, but seems to have been limited to Turkey, Egypt, Anatalia, Syria and Greece, sometimes extending north toward, but not touching Russia, and west to Malta. It seems to be unknown in tropical climates, and cold weather in northern climates seems to have checked its ravages. In the great plague in London in 1665 the deaths in June were 590; in July, 4,129; in August, 20,046; in September, 26,430; in October, 14,373; in November, 3,449; in December less than 1,000.

The *Wiener Medicinische Wochenschrift*, of late date, says that the appearance of the plague in Russia excites general attention. Russia expresses great confidence that it can confine the disease to its present location. It is high time that this should be done, as, according to the latest news, it has reached Nischnei Novgorod. The telegraph announces that it has nearly reached the walls of Moscow, if it is not already within that city. Whether later investigations will decide that it is feberis recurrens, typhus exanthematicus or bubo plague does not change its aspect. The facts are that it is a terrible epidemic, and has more than decimated the population of Astrahan. The official reports from Russia show that in one place where 190 persons were afflicted between the 1st and 5th of January, 140 died before the 10th.

The *St. Petersburg Med. Woch.* charges the government with trying to suppress the idea that the disease is the plague, by calling it in its official dispatches "croupous inflammation of the lungs, typhous inflammation of the lungs." The sudden death of Dr. Morosow, who had been sent to the infected district, is attributed to "pneumo-typhus, a disease long ago excluded by science." It gives parts of the report of Dr. Depner, the medical director of the Cossacks of Astrahan, who has observed the devel-

opment of the disease from November 7 to December 14. He says that Dr. Koch and himself, from December 5, when the disease became more malignant, "tried various remedies, as salicylic acid, salts, quinine, cold atmosphere, in fact, every known remedy;" that all of them had little or no effect, *nearly all the patients died.*

The entire medical attendants, Dr. Koch and six assistants, became victims of the epidemic; the priests died; the Cossacks died, even those who carried away the dead died. Nearly all who came in contact with the sick died, although all were provided with every known protection under sanitary rules. They took the disease within three to six days. He stated that, in his judgment, quarantine is the only protection. "In milder cases of open abscesses of the glands, poultices of carbolum, and before opening, mercurial ointment had some good results." He claims the right, from his observation to call it a "very malignant typhus or a peculiar human pest (menschenpest—*Pestis Indica*, Hirsch) or a new disease, between pest and typhus." The symptoms are, "sudden attacks of palpitation; uncertain pulse; vomiting; dizziness; difficult respiration; spitting blood; vomiting thin blood; pale face; apathic expression; glassy eyes, sunken in; enlarged pupils; then three or four hours of extreme weakness, followed by great heat; lethargy; slight delirium; suppression of the urine; costiveness; excrements, if any, dark brown. Death follows after the first or second, seldom after the third paroxysm, with symptoms of clonic contractions while in a comatose condition, with rapid declension or loss of strength." He concludes by stating it as his opinion that the cold weather ought to confine the disease to its present locality.

According to the last reports, it is still spreading, and has reached the Ægean Sea, one of the avenues of the commerce of the world, and through this it may be brought to us at any moment. Prof. Jacobi, head of the medical commission sent to examine it, has taken the disease. As we have no national quarantine regulations to prevent its introduction, should it come, the profession will have to fight it single-handed and alone; therefore we deem it our duty to now call attention to it, and to the fact that it has already passed its usual boundaries.

Editorial Notes.

To Advertisers.

The value of a medical journal as an advertising medium, depends on the extent of its circulation and the character of its readers.

The number of the readers of the Journal is now among the *thousands*. While the great majority of its subscribers are residents of the West and Southwest, yet it has readers in every state in the union and in the Canadas, besides not a few in nearly every nation in Europe. This is the result of no extraordinary effort on our part; the Journal needs but to be seen to be appreciated. It is the *Pioneer Medical Monthly of the country*, and with regard to age, it is the *third*. It has more subscribers who have read its pages for ten, twenty, thirty or more years, than has any journal in the West. It is, therefore, the best possible medium for advertising the pharmacal and chemical preparations; the books and instruments that are likely to be required by medical men than any medical journal in the West, or any medical periodical that reaches the West.

We have been informed often times by both physicians and druggists that the Journal Advertiser is very frequently employed as a directory in the aid of selecting the kind of medical books and preparations and the instruments to be purchased.

We have many strong testimonials from those who have advertised in the Journal who have realized *valuable* results.

The rates for advertising are very low indeed, considering the large number of the readers of the Journal, and considering that although a great many of our readers are well to do physicians, they take no other medical journal.

For information concerning terms for inside and special pages, and for large space and long contracts, address

Dr. Thos. F. Rumbold,
1225 Washington Ave., St. Louis.

[From the Pacific Medical and Surgical Journal, Dr. Henry Gibbons, Editor, January, 1879.]

"Cascara Sagrada" Again.

"We notice that the article published in our October number, from the pen of Dr. W. P. Gibbons, referring to certain new remedies, so-called, of California origin, has been misinterpreted in some quarters as denying medicinal virtue to the plants in question. This was not its design, nor did the therapeutic value of the remedies enter into consideration. The object wae to expose the deception of introducing preparations of old remedies under new names, and claiming originality without deserving it. Several of the plants in question are really valuable.

Whilst on the subject, we will correct an error in spelling. Cascara (bark) sagrada (sacred) is the common Spanish name of the Rhamnus Purshiana, and means simply *sacred bark*. The adjective should end in *a* and not *o*, as it is commonly spelled. The old Spanish or Mexican population of the coast had a number of medicinal herbs which they employed in default of officinal plants. Not knowing the botanical names common names were given, indicating the supposed good qualities. Yerba Santa was holy herb; Yerba Buena good herb, and so on."

We were much astonished when we read Dr. Gibbon's article in the October number of the *Pacific*. As to the source from whence Messrs. Parke, Davis & Co. received their information of the value of these remedies we care not a straw. If they are old remedies under new names, it is certain that they are new to the great majority of the profession, and in proportion to their value the profession are indebted to the introducers. Our own experience has taught that Cascara Sagrada, Grindelia Squarrosa and Yerba Santa are valuable remedies.

THE importation of Champagne Wines into the United States in 1878, according to Benfort's Wine and Liquor Circular of January 10, 1879, amounted to 126,349 cases. This was received by 20 importers. Three only received over 10,000 cases, of these three, Fred'k de Barry & Co., received of the brand of G. H. Mumm & Co. over 16,000 more than any other importer, receiving 35,906 cases in all.

WANTED.

We will pay full price for the following back numbers of the *St. Louis Med. and Surg. Journal:* No. 10, Vol. I (1843–44); Nos. 1–10, Vol. II (1844–45); Title page and Index Vol. IV.; No. 6, Vol. VI, and Vols. I. and II. of New Series (1864–5).

Also Nos. 1, 5, 6, 9 and 10 of Vol. I. (1850), of the *St. Louis Probe.*

[From the St. Louis Clinical Record.]

LACTOPEPTINE.

This valuable aid to digestion has been before the public for several years, so long, in fact, that there are probably few physicians practicing in cities who have not already tested it thoroughly. To these it is unnecessary to say anything in commendation. To the country practitioner, however, it may be well to again refer to it.

At first sight, the combination may not appear to be an effective one; it may be supposed that the action of the stomach upon the constituents calculated to aid intestinal digestion, would be such as to prevent any influence being exercised, in any way, upon the alimentary bolus after it has been subjected to gastric digestion; that is to say, pancreatine would probably be *digested* along with other articles of food. Although we might come to some such conclusion *a priori*, yet experience teaches us that fats are more easily and completely digested and absorbed when *Lactopeptine* is taken after meals containing such articles than after taking any of the preparations of pepsin, even when combined with the acids, in connection with food. This fact is of the utmost importance in the treatment of wasting diseases, especially in children.

In the summer diarrhœas of children we have found *Lactopeptine* of the very highest value. It is probable that weakening of the digestive powers is a very important factor in the causation of Cholera Infantum. We have found *Lactopeptine* a most important help in restoring these cases, when they have passed through the worst stages of that disease, as well as in warding it off when its onset seemed almost inevitable.

In the exhausting vomiting of pregnancy, we have found it of very great value in enabling the patient to obtain some nourishment from the food ingested, even if it remained but a short time in the stomach. In the nausea and indigestion and cardialgia, which causes so much annoyance, even if no great danger, in the later months of gestation, *Lactopeptine* has proved itself almost a specific.

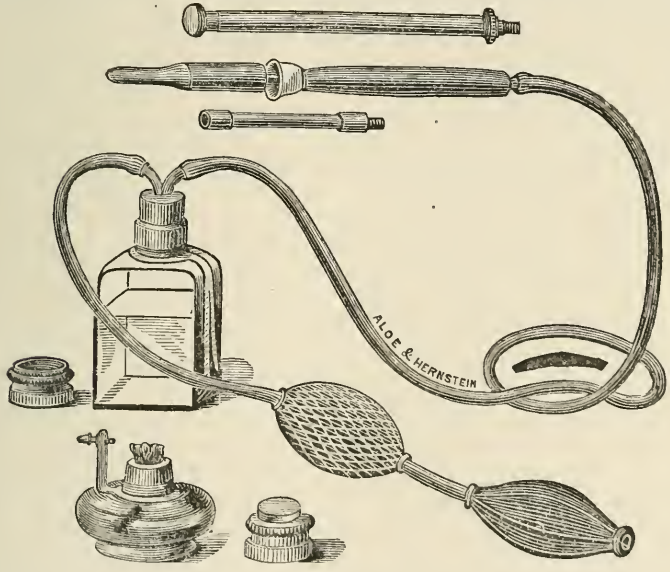
The article used was manufactured by the New York Pharmacal Asssociation.

New Instruments.

DR. PAQUELIN'S THERMO-CAUTERY.

[Although this instrument is not a very new one, yet its construction has not been well understood, hence this insertion.]—ED.

It is known that the platinum and some other metals possess the property, when slightly heated, of becoming incandescent when brought in contact with a gaseous mixture of air and of certain hydrocarbon vapors, and of continuing in an incandescent state, without flame, as long as the mixture continues to be supplied. It is upon this property that Dr. Paquelin has based the construction of his novel and very admirable apparatus. It is composed of the principal parts: First, a combustion chamber; second, a reservoir for the volatile hydrocarbon; third, an air-supplying bellows, with its tubes and connections. This may be operated conveniently, either with the foot or the hand. The outer surface of the combustion chamber is the Cautery proper. It is attached to two concertion tubes. Through the inner one the gaseous mixture is supplied, while the products of combustion escape through the outer one. Two forms or tubes adapted to simple surface or deeper cauterization, division of tissues, etc., are furnished with each apparatus. A tubular, non-conducting handle and a lengthening tube may be used together or separately, as may be found convenient in certain operations. The reservoir may be



readily secured to the button or buttonhole of the operator by means of a two-branched hook attached to the metallic neck, thus leaving one hand, or, if the bellows are worked by the foot, both hands of the operator free for the principal manipulations. A spirit lamp for the initial heat is included with the apparatus. Closely-fitting metallic caps are provided for the hydro-carbon reservoir and for the spirit lamp. The reservoir will contain enough of the hydro-carbon to last for three hours or more of continued work.

Book Notices and Reviews.

DISEASES OF THE BLADDER AND URETHRA IN WOMEN. By ALEXANDER J. C. SKENE, M. D., Professor of the Diseases of Women in the Long Island College Hospital; Fellow of the American Gynæcological Society; Corresponding Member of the Gynæcological Society, of Boston; Member of the Medical Society, of the County of Kings, and of the Obstetrical Society of New York.

This is a handsome volume of 362 pages, illustrated with thirty-six woodcuts, and mechanically executed in every particular with the usual good taste of its publishers, Wm. Wood & Co., 27 Great Jones Street.

It is a concise, systematic, practical work, in a department of ample breadth, interest and utility, and one too, in which knowledge has recently been greatly augmented; but whose progress and significance has hitherto been neglected by English authors. Those brought into frequent contact with the diseases of women have felt this neglect most keenly and must greet the publication of this book with satisfaction. It evinces the author's thorough acquaintance with his subject, sustains his reputation as a candid, careful, observer and its valuable contribution to the physical exploration of the female bladder and urethra, attest his ingenuity.

The anatomy, the function, the development and the malformations of the bladder and urethra, their functional and organic diseases, together with neoplasms and foreign bodies in the bladder and urethra, and displacements and dislocations of these organs, are agreeably discussed in didactic lectures; the style being generally clear and succinct. A complete text-book is thus formed, in which the etiology, pathology, symptomatology, diagnosis, and treatment of each morbid condition referred to, is conveniently examined under separate heads.

Some of the author's opinions are adverse to those of the reviewer; but if criticism was not out of place in a field where knowledge is often indefinite and rules of practice are still unsettled, the intrinsic merit of the work is such that it deserves only praise and we feel no disposition to single out minor faults. Precise diagnosis in this class of affections is frequently disregarded and disease maltreated. These errors have resulted more from a want of access to necessary information, than from a lack of conscientious zeal in physicians, and by compiling in an accessible form, what is known of the pathological conditions of the female bladder and urethra, and adding thereto his own experi-

ence, Dr. Skene has rendered the profession a real service, while the meager information on this subject heretofore within the reach of busy practitioners will command for his book the place it should fill in every library. We confidently commend it to our readers, convinced that its perusal cannot fail to mingle profit with pleasure. W. L. Barret.

Diphtheria; Its Nature and Treatment, Varieties and Local Expressions. By Morell Mackenzie, M. D., London, Senior Physician to the Hospital for Diseases of the Throat and Chest, Consulting Physician to the Northeastern Hospital for Children, and Lecturer on Diseases of the Throat at the London Hospital Medical College; pp. 104. [London, J. & A. Churchill, 1879.]

Diphtheria; Treatment of. Based upon a New Etiology and Pathology. By William C. Reiter, A. M., M. D., of Pittsburg; pp. 47. [Philadelphia: J. B. Lippincott & Co., 1878.]

The classical work of Dr. Mackenzie leaves little to be wished for; it is at once concise, complete and candid. The author does not burden his text, so much as too many mere writers do, with useless verbiage and rhetorical reiteration, but here, as always, speaks with that clear-cut directness that betokens at once the student and the master. He goes far back to the Sanscrit writings of D'Hanvantare, about 582 B. C., for the first recorded description of diphtheria, and traces its history down to the literature of to-day. The exciting cause is a specific contagium, while tender age is the predisposing cause, together with such accidental conditions as pharyngeal catarrh or diseases which lower the system. The poison may be received either by direct implantation, through the circumambient air, through the food or water, and possibly by inoculation. After dealing with the etiology of diphtheria, the author considers the symptoms, classifying the different forms as typical, mild or catarrhal, inflammatory, malignant, gangrenous and chronic. Under these headings every phase of the disease is considered in terse paragraphs. Two short chapters on the paralysis and diagnosis of diphtheria, and then comes a most important one relating to pathology. The dictum of Oërtel and Eberth that without bacteria no diphtheria is met point blank by the statement that what these authors have described as spherical bacteria are only the spores of the leptothrix buccalis, common in ulcerative and aphthous stomatitis, and are mainly found in the superficial layer of the diphtheritic membrane. The pathological changes in the lungs, heart, brain, kidneys and in the glandular system from secondary infection are also discussed in turn.

In considering the treatment of these cases, the remedies are divided according to their action, thus: Recuperative agents, the alleged specifics, the antiseptics and the expectorants. Specifics,

however, find no favor with our author, the indications being more in the direction of assisting the natural processes and preventing systemic infection. In the local treatment there is much to be done to limit the formation and remove, without violence, the false membrane. Detached pieces may be carried away by a brush, blotting paper, or absorbent cotton, pressed on that that remains, and, when it is freed from moisture, an astringent (iron) or solvent (saccharate of lime or lactic acid) applied. If there is much fœtor it may be prevented by antiseptic sprays or gargles; tumefaction controlled by the external and internal use of ice, while if the membranes are very thick and tenacious, and it is impossible to check the exudation of lymph, steam and hot fomentations are useful to convert the inflammatory process into a suppurative one.

To sum up the indications for treatment, the author gives a typical case and the precise mode of conducting it which has proved worthy in his experience. An interesting chapter is the one devoted to "Laryngo-Tracheal Diphtheria, Formerly Called Croup." Those who hold to the antiquated ideas of the non-identity of croup and diphtheria had better pass this part of the work, as a careful reading cannot but make their position seem uncomfortably questionable. It is first shown that the pathological differentiation of the phenomena of these presumably distinct diseases must be abandoned. Then, with regard to the clinical difference, it is fair to say that when they are thoroughly examined there will be many converts to this somewhat new doctrine advanced chiefly by the author and his compeers. Tracheotomy is indicated as soon as it is found impossible to relieve asphyxia by any other means, and in this event there should be no delay. This is one of the few books for which there must be a general demand.

The main idea in Dr. Reiter's brocheur is that diphtheria consists in excess of fibrin in the blood, originating in an impaired function of the portal system, which calomel, boldly and freely given, will restore. The Doctor gives from three to ten grains every hour until the intestinal discharges are gelatinous and of a dark green hue. There is no risk of pytalism in diphtheria before there is this change in the dejections. A number of successful cases are quoted. The author's style is not by any means concise, but his suggestions are worthy of investigation.

WILLIAM PORTER.

Ueber einen Fall von Reflexschwindel aus bisher nicht beschriebener Ursache, von Dr. A. Erlenmeyer. [Separatabdruck aus der *Deutschen Medicinischen Wochenschrift.*]

A Case of Reflex Vertigo Due to a Cause Hitherto Not Described. By Dr. A. Erlenmeyer. [Reprint from the *Deutsche Med. Wochenschrift.*]

In the reprint before us the learned editor of the *Centralblatt für Nervenheilkunde* describes a distinct variety of vertigo, which, if heretofore known, has not found its way into the journals, or into the text-books on nervous diseases. Hitherto only two distinct varieties of that large group of cases of sympathetic or reflex vertigo have been recognized, namely: stomachic vertigo, a condition of giddiness, hallucination nausea, headache, etc., without loss of consciousness, and dependent upon reflex excitation of the cerebral vessels from some visceral irritation (Hamilton on Nervous Diseases), and the labyrinthine form due to disease of some part of the central auditory apparatus. In our author's case the vertigo was due to a strictured urethra; the stricture was relieved, and the patient cured.

The following is a condensed history of the case: T. L——, æt 31; single; no inherited tendency to vaso-motor disturbances; of temperate habits. Has always enjoyed good health; had gonorrhœa several years ago. His present sickness began five or six years before he came under observation. At first there was a sensation of weight and stiffness in the left arm; it seemed to him as though a heavy weight had been attached to his arm. The same phenomenon soon appeared in the left leg. Sometimes this attack came on whilst walking, and he was then obliged to stand still; during the attack the leg became heavy, and he lost all control over it. Finally the right arm was attacked in the same way; the right leg was never attacked. In the course of time these attacks came on more frequently and with greater vehemence, and they were accompanied by other symptoms; among these may be mentioned a sense of pressure over the frontal region and vertigo. The former remained almost constantly, whereas the latter made its appearance during the attacks in the extremities. No hallucinations; no loss of consciousness; no nausea or vomiting. The dizziness occurred without the other symptoms, but only during micturition. Owing to the stricture, the flow of urine is somewhat retarded; sometimes considerable time elapses between the beginning of the intention to urinate and the actual flow of the urine. During this interval the vertigo is most marked; it disappears when urination begins. Gradually the patient became nervous, irritable and sleepless, and unfit for continuous mental labor; at one time the patient was very melancholic, and had suicidal tendencies. The stricture was treated by the introduction of bougies; it was cured, and with it the vertigo disappeared.

There can be no doubt that the vertigo was dependent on reflex irritation due to the urine forcing its way through the narrowed urethra. The relationship between irritation of the genitals and central vaso-motor disturbances is now generally known, almost every practitioner having had one or more cases under his own observation, vide proceedings of St. Louis Medical Society, pp. 206 and 207, The Journal, December, 1878.

It will not, in view of this most interesting case, reported by a reliable, trustworthy observer, be amiss in future to examine cases of vertigo, not assignable to any cause for stricture, and in case of its detection, of course measures for its relief should be at once instituted.

The profession owes many thanks to Dr. Erlenmeyer for his really valuable contribution to a branch of pathology, in which, in spite of the great progress made of late years, there remains as yet much to be solved. F. J. Lutz.

Habitual Drunkenness and Insane Drunkards. By John Charles Bucknill, M. D., London; F. R. S., F. R. C. P.; Late Lord Chancellor's Visitor of Lunatics.

We have not the time at command to notice this book as its merits deserve. Every physician and philanthropist should read it. It draws the line sharply between intemperance as a vice, its most common form according to the author, and as a disease—its infrequent variety.

Dr. Bucknill is the joint author of Bucknill and Tukes' Manual of Psychological Medicine and is one of the most eminent alienists in Europe.

He thinks that "physicians ought not to be fanatics" on the subject of alcohol, and is "afraid members of the profession are taking hold of the stick by the wrong end, in considering drunkenness not a cause of disease, but as a disease in itself," which, to his mind, is a very great mistake.

The new book is the offspring of a controversy sprung up in London, while the habitual drunkard's bill was pending in Parliament, as to whether drunkenness was a disease. Dr. Bucknill maintained that while the appetite for drink in some cases is inherited, drunkenness is generally a vice and not a disease. His arguments on this head provoked a number of sharp criticisms in Parliament and out, and he replied as sharply. His letters have been collected in the volume before us. Published by Macmillan & Co., and for sale by the St. Louis Book and News Co.

Dr. Bucknill has visited nearly all the inebriate asylums in this country, and he believes that with the single exception of a reformatory in Philadelphia which does not pretend to cure drunkenness, they are all fraudulent or inefficacious, or both. In most of them, he learned from personal observation, the patients could and did obtain as much liquor as they desired. In some

instances, patients were detained unjustly to promote the designs of their relatives upon their property; in others the restraint upon them was merely nominal, but in all, the evidences of improvement were wanting. "My own impressions of the inebriate asylums in America," writes Dr. Bucknill, "are most unfavorable. I believe the treatment of habitual drunkards for the cure of their supposed disease to be unsound from top to bottom, and everywhere. I make no exception. * * * The State Inebriate Asylum at Media has been suppressed because it was said to be a failure. The New York Inebriate Asylum at Ward's Island has been ordered to be suppressed for the same reason. The Government at Albany has consented to give the Binghampton Asylum a trial for one more year, after which time, unless it redeems its character, the building is to be devoted to other purposes." The Governor of New York has since pronounced Binghamton a failure and recommends its conversion into a lunatic asylum.

Dr. Bucknill states that "in Ireland it has been the practice to detain habitual drunards in lunatic asylums," and that the commissioners in 1872, said "it would not be easy to point out a single case of reform."

He says the Franklin Home for the Reform of Inebriates, at Philadelphia, "does not please the coterie of inebriate doctors, because it does not conform to their dogma that drunkenness is a disease to be cured and not a vice to be reformed."

This is a bold and severe arraignment of the doctrine that inebriety is the result of disease and of American experiment at curing instead of reforming inebriety.

But there are two sides, as well as a middle ground, upon this subject, and we are inclined to think that truth and safety lie between.

Asylums for the voluntary residence and treatment of inebriates are no better than tapering off or sobering up stations, or, as some of their inmates told Dr. Bucknill, capital places to pick up in after a debauch, but to call them reformatories, and to annually parade before the public a list of sobered up drunkards and call them reformations, is a fraud upon the philanthropic spirit of the age which, overflowing with charity, really desires to rescue the inebriate from destruction.

As hospitals alone they are doomed to ignominious failure, as reformatory hospitals they may be made a success, for inebriety is both a disease and a vice. In some it is all vice, in others all disease, in many both vice and disease combined.

Disease leads to inebriety, as we see in hereditary substitution of inebriety for mania, as we see it following sunstroke and cranial injury, and at the catamenial period of women, and inebriety, in time, entails disease; *directly* in the damaged brains, hepatic, gastric and gangliopathic diseases of its victims and *indirectly* in epileptic, idiotic, imbecile, insane and otherwise de-

generate offspring, though the real dipsomania, whose mania is a periodic and a motiveless impulse to drink, as Dr. Bucknill maintains, is a *rara avis*.

Inebriety is a moral, a medical and a legal question. The drunkard has rights which the law is bound to respect, and so likewise have those dependent upon him for maintenance. If he does not outrage public decency or squander the substance of his wife and children, or others having lawful claims upon him for maintenance, it is difficult to see how he can be deprived of his liberty.

On the other hand, if by reason of perpetual inebriety, a man fails to give the wife and children the support he is bound in law to give, he should be made to do his duty to those dependent upon him. He should not be allowed to evade his moral and legal obligation by pleading that he is diseased and can not help drinking.

The State should provide reformatory hospitals to treat whatever of disease the drunkard may have, and opportunities for labor, that the drunkard, by enforced sobriety, after the removal of all the physical consequences of drink, might be compelled to earn his own livelihood, and to contribute to the support of his family and the reimbursing of the State for his board and medical treatment.

The habitually besotted drunkard should be disfranchised as much as a lunatic, imbecile or idiot, and he should not be permitted to marry and beget a generation of epileptic, imbecile or idiotic children to fill the jails, alms-houses, asylums and penitentiaries of the land.

Dr. Bucknill advocates the punishment of all overt acts on the part of drunkards, "especially the act of public drunkenness, which is a kind of indecent exposure, also failure through drunkenness to maintain children, and indeed all drunken conduct which invades the rights of others." The remedy he suggests is "a penitentiary for habitual offenders, in which they should be compelled to earn their maintenance."

Dr. Bucknill refers to the conversion of the Inebriate Asylum of Upper Canada into a lunatic asylum, and quotes Dr. Conrad, of the Maryland Insane Asylum, where one ward was devoted to inebriates, as saying "he did not know of a single case where a cure had been effected by confinement."

No one can read Dr. Bucknill's book without feeling that there are certainly two sides to the subject he discusses; and, while he is undoubtedly correct in his strictures upon the recent tendency to over-estimate the disease element in the causation of inebriety, we think he takes too little account of the attendant disease (though he admits it) and the aid the drunkard may receive from judicious medical treatment towards effecting his reformation, if he really makes up his mind to reform.

An experienced physician, thoroughly versed in the princi-

ples of practical medicine, can materially assist those who will to reform. Here, as elsewhere, where there is a will there is generally a way. That way is not in seeking the companionship of other broken-down inebriates, who have gone to an inebriate's home as the ship out of the storm goes to the docks for repairs, but in refraining from evil communications and substituting, under the advice of a physician, judicious treatment for renewed potations to allay the persistent cravings of a depraved appetite.

C. H. Hughes.

The Testimony of Medical Experts. Annual Address of W. H. Phillips, M. D., Kenton, Ohio.

This address is an able presentation of some of the intricate and sometimes vexed questions which attend the production of scientists as experts in courts of justice, to give their professional opinion on matters which "lie beyond the scope of the observation, knowledge and experience of men in general," a subject discussed in various contributions in Vol. xxxiv, January to July, 1878, of the St. Louis Medical and Surgical Journal. The improvement sought to be brought about by the address is the same, which has been advocated in this journal, namely, a law similar to France and Germany, the reasons advanced similar and excellent.

Dr. Phillips speaks as Chairman of a Committee of the Ohio State Medical Society, appointed to investigate this subject, and he shows great learning and impartiality.

The recommendations embrace "that the present law tends to bring scientists as experts into disrepute; the State should provide for competent scientists as experts, to be secured by rigid examination; to be appointed for life; to be officers of the State (meaning the court), and to be well paid; that there be a department of State medicine; that until the law is changed all members of the medical profession decline pay from the parties litigant, present their bill to the court, and ask that it be taxed and collected as costs."

We append some extracts:

"The magnitude of the matters at stake show the necessity of having highly intelligent and skilled experts to investigate these questions properly. * * A quack and a physician may be called to testify as experts," the quack advertising himself with brazen impudence here as everywhere else, lays down his principles, *ex-cathedra*, as true. The physician, aware of the difficulty of acquiring special skill in a science of such immense scope as medicine, perhaps hesitates or is uncertain. One result has been the establishment of the legal and popular presumption, that every physician is by virtue of his profession a medico-legist, and competent to testify as an expert in all branches of medicine."

"Properly speaking, medico-legists only are medical experts.

A man may be the leading physician in his State, and yet not be competent for such an office. It requires a special training, which the State should provide. Hence it is that this testimony has fallen into disrepute, because the law provides no means of winnowing the chaff from the grain. This confusion between the office of expert and physician has long been to the profession a matter of annoyance and chagrin." A striking illustration of the Ciceronian maxim, that "there is no theory so absurd but that some expert may be found to maintain it," he illustrates by a recent trial, and might have cited the Hammond-Grissom controversy.

"Lord Campbell says that skilled witnesses came with such a bias on their minds to support the cause in which they are embarked, that hardly any weight should be given to that evidence, and cites Chief Justice Chapman, of Massachusetts, Judge Davis, of Maine, and Judge Redfield, of Vermont, as having given expression to similar opinions."

He then eulogizes the system of Germany as the best on the subject.

It will repay every physician and attorney to peruse the above address in connection with the series of articles in the JOURNAL, above referred to. F. T. LEDERGERBER.

DR. HOUTS' PHYSICIAN'S JOURNAL, CREDIT-BOOK AND LEDGER. Second Edition. St. Louis, January, 1879.

This form of daily journal, credit-book and ledger, is the very best that we have seen. The whole account of each family is kept on the two pages that are seen when the book is opened. The name of the head of the family is placed on the head line of both these pages; on the left hand page is recorded the accounts of the accouchments; the treatment for diseases of the womb; the surgical practice and the special charges; on the right page is recorded the visits made in the line of general practice. On this page is carried out all credits and debits, so that at a half minute's notice the whole account may be ascertained. It is so arranged that an account may be opened in any month of the year.

The price of the book will be saved in the first six months of its use, on account of the accuracy and simplicity with which the accounts may be kept. Price, 700 page book, $7.00; 500 page book, $6.00; 400 page book, $5.00.

ESSENTIALS OF CHEMISTRY, INORGANIC AND ORGANIC. For the use of Students in Medicine. By R. A. WHITTHAUS, A, M. M. D., Professor of Chemistry in the Medical Department of the University of Vermont. [New York: Wm. Wood & Co. 1879. 16 mo. pp. 257.]

In this little volume the author has omitted all topics which are not essential to an understanding of these chemical problems

that have a direct bearing upon the practice of medicine; more attention has been directed to the chemistry of the therapeutics than to that of pharmacy, while physiological chemistry, which must now be regarded as one of the most important foundations of rational medicine, has been treated of as fully as the limits of the book will permit. He has adopted the modern system of notation. Weights and measures are given in the metric system; temperature in the degree of centigrade scale.

The plan of the book is peculiar. It is made up of 1024 questions and answers; in this way information is imparted in the most concise, yet most impressive manner.

Harvey and His Discovery; By J. M. Da Costa, M. D., Professor of the Practice of Medicine at the Jefferson Medical College, Philadelphia, pp. 57. (J. B. Lippincott & Co.: Philadelphia, 1879.)

This little volume consists of an address delivered on Harvey at the opening of the Jefferson Medical College. The author's source for information was from Harvey's own works, for scattered through them, in prefaces, in notes, and in the text is much that shows his manner of thought, his feelings, and even his moods. This very interesting little work is neatly gotten up by the publisher.

Notes in the Treatment of Skin Diseases. By Bobert Liveing, A. M., M. D., Cantab, F. R. C. P., London. Lately Physician and Lecturer to Middlesex Hospital and Physician in Charge of the Skin Department. Fourth Revised and Enlarged Ed. 12 mo. pp. 123. (New York: Wm. Wood & Co. 1878.)

The Cell Doctrine; Its History and Present State. For the Use of Students in Medicine and Dentistry; also a copious biography of the subject; by James Tyson, M. D. Second edition, revised, corrected and enlarged (illustrated) pp. 202. Philadelphia: Lindsay & Blakiston, 1878. (Gray & Baker Book and News Co., $2.00.)

(Will be reviewed by Dr. H. Christopher in the next issue.)

Hand-Book of Nursing for Family and General Use. Published under the direction of the Connecticut Training School for Nurses, State Hospital, 16 mo. pp. 266, New Haven, Conn. (Philadelphia: J. B. Lippincott & Co., 1879.)

This is the very best work on the subject that we have ever seen. Physicians should recommend it to their nurses.

How to be Plump, or Talks on Physiological Feeding. By T. C. Duncan, M. D. 16 mo. pp. 60. (Chicago: Duncan & Co. 1878.)

The author's task is too great to be performed in so small a book. The style may be "taking" with his patients, for whom

it is evidently intended, but the farther a physician gets into it the less he will think of it.

MEDICAL CHEMISTRY. Including the Outlines of Organic and Physiological Chemistry. Based in part upon the Riche's Manual of Chimie. By C. GILBERT WHEELER, Prof. of Chemistry in the University of Chicago, etc. 12 mo. pp. 424. Philadelphia, Lindsay & Blakiston, and Chicago, L. J. Wheeler, 1878. [St. Louis Book and News Co. $3.00.]

The author in his preface calls his work, Outlines of Chemistry. He assumes that his readers have previously made themselves acquainted with organic chemistry as taught by some recent author, or have become familiar with the general principles of modern chemical philosphy; for this reason he does not encumber the book with that which appertains to the theory of chemistry in general. We are pleased wit1 the book.

THE PRINCIPLES AND PRACTICE OF SURGERY. By JOHN ASHURST, JR., M. D., Professor of Clinical Surgery in the University of Pennsylvania; Surgeon to the Episcopal Hospital, and to the Children's Hospital; Consulting Surgeon to St. Christopher's Hospital, and to the Hospital of the Good Shepherd, etc. Second edition, enlarged and revised, with 542 illustrations, pp. 1040. Philadelphia: Henry C. Lea, 1878. Cloth, $6.00; leather, $7.00.

MODERN MEDICAL THERAPEUTICS; a Compendium of Recent Formulæ and Specific Therapeutical Directions from the practice of eminent physicians, American and foreign. By GEO. H. NAPHEYS, A. M., M. D., etc. Sixth edition, enlarged and revised, pp. 607. [Philadelphia: D. G. Brinton, 115 South Seventh street. 1879.]

(We have quite a number of books on hand, which we will notice more fully in our next.)

News Items.

Dr. Jacob Bigelow, of Boston, died on the 10th of January, aged 91 years. He was the oldest member of the Massachusetts Medicial Society. He graduated from Harvard in 1806.

Dr. John B. Biddle, Professor of Materia Medica and Therapeutics at the Jefferson Medical College, is dead. We understand that Dr. Laurence Turnbull is a candidate for the vacant chair. As we know that he would fill the place with satisfaction to both students and faculty, we hope to hear of his success.

The *Deutsche Zeitschrift für Thier Medicine* announces that of a quantity of American hams (1250) recently imported into Germany, many were strongly infected by trichinæ. This being the case, we would venture a wager that, although American, the hams were cured by Germans.—*Boston Med. and Surg. Journal.*

We, also, would venture a wager that the young man who composed the last sentence in the above paragraph thinks that Germans are as liable to rub trichinæ into hams as they do salt!

There are several new journals seeking support. We have room in this issue to mention the following:

The Physician and Surgeon, V. C. Vaghan, M. D., Ph. D. and, A. B. Palmer, M. D., A. M., editors; published at Ann Arbor, Mich, pp. 44. The editors say that it is not their object to supplant any existing journal. We wish them success. There should long ago have been a medical journal at Ann Arbor.

No. 1, Vol. I of the *American Journal of Otology*, a quarterly journal of physiological acoustics and aural surgery, is placed on our exchange list. Its editor, Dr. C. J. Blake, of Boston, is assisted by several American specialists. Wm. Wood & Co., New York, are the publishers. Its terms are $3.00 per annum. The tone of the introductory, the quality of the articles, and the number of the excellent reviews are such as throw credit on the editor and the publishers.

Index Medicus, a monthly classified record of the current medical literature of the world, compiled under the supervision of Dr. Jno. S. Billings, Surgeon U. S. Army, and Dr. Robert Fletcher, M. R. C. P., Eng. It is to be published by M. F. Leypoldt, of 37 Park Row, New York. As the editors are the librarian and assistant librarian of the Surgeon General's office,

their opportunities for making a complete index of recent medical literature are excellent.

Mr. Henry C. Lea sends us an announcement of some important medical works which he is about to issue; in fact, a part of them we have received. We notice among them The National Dispensatory, a second edition of Ashurst's Surgery, a second American edition of Bryant's Practice of Surgery, Conril and Ranvier's Pathological Histology, and Harrison's Human Anatomy.

We have received a copy of Messrs. Lindsay & Blakiston's Physicians' Visiting List. This yearly book is a general favorite in the profession.

The *Journal of Physiology*, edited by Dr. Michael Foster, and published by MacMillan & Co., London, has lately been placed on our exchange list. The necessity for the study of physiology is increasing more and more as medical science advances, and the necessity for a journal to carry on this study also exists. As this journal is edited by so distinguished a physiologist as Dr. Foster it is a sufficient guarantee that it will contain such papers only as may be relied on by the student. Every friend of scientific medicine should encourage a periodical of this kind. We hope that Dr. Foster may be successful.

At last the *Boston Medical and Surgical Journal* has concluded to include the city of St. Louis in its list of comparative mortality rates. For several years this journal has been giving the death rate of several of the largest cities of the United States, together with a few unimportant towns of New England, but never quoted the rates from the death reports of this city. We understand that the reason of this omission was that they thought that our deaths were not sufficient in number to our large population. They were loath to credit the assertion that ours is the healthiest city in the world.

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in the night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by 2, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—DECEMBER, 1878.

Day of Month	Minimum.	Maximum.	Day of Month.	Minimum.	Maximum.
1	36.0	39.0	18	14.0	23.0
2	32.0	48.5	19	16.5	28.5
3	42.0	**57.0**	20	27.0	33.5
4	39.0	43.5	21	27.0	30.0
5	32.5	47.0	22	5.5	16.0
6	34.5	38.5	23	10.5	25.0
7	24.5	32.5	24	**1.0**	12.0
8	30.0	35.5	25	1.0	18.0
9	31.5	33.0	26	12.5	23.5
10	31.0	33.0	27	11.5	19.0
11	28.5	34.0	28	6.3	22.5
12	29.0	33.5	29	19.5	30.5
13	30.0	32.0	30	16.5	23.0
14	27.0	29.0	31	20.5	30.5
15	22.0	25.5			
16	24.0	30.0	Means	22.6	30.7
17	20.0	25.0	Monthly Mean	26.6	

Quantity of rain and snow, 3.39 inches.

MORTALITY REPORT.---CITY OF ST. LOUIS.

FROM DEC. 1, 1878, TO DEC. 28, 1878, INCLUSIVE.

Yellow Fever	Cholera Infantum	Hydrocephalus and	Apoplexy 5
Measles	Inanition, Want of	Tubercular Men-	Cyanosis and At-
Syphilis, Cong'al.. 3	Breast Milk, etc. 28	ingitis 4	electasis 7
Scarlatina 1	Alcoholism. 7	Meningitis and En-	Premature and Pre-
Pyæmia 2	Rheumatism and	cephalitis 4	ternatural Birth. 12
Erysipelas 2	Gout	All Diseases of the	Surgical Operat'ns.
Diphtheria 19	Cancer 9	Brain and Ner-	Deaths by Suicide.. 4
Membranous Croup 11	Phthisis Pulmon. 68	vous System 37	Deaths by Accid'nt. 9
Whooping Cough..	Bronchitis 18	Cirrhosis of Liver	
Typhus Fever	Pleuritis	and Hepatitis 12	Total Deaths from
Typhoid Fever ... 6	Pneumonia 27	Enteritis, Gastro-	all Causes 440
Cerebro Spinal Fe. 3	Heart Diseases. 19	Enteritis, Peri-	Total Zymotic Dis-
Remittent, Inter-	Other Diseases of	tonitis, and Gas-	eases 115
mittent, Typho-	Respir'y Organs	tritis 16	Total Constitution-
Malarial, Con-	Entero-Colitis 27	Bright's Disease	al Diseases 94
gestive and Sim-	Marasmus—Tabes	and Nephritis 5	Total Local Dis-
ple Continued	Mesenterica and	Other Diseases of	eases 199
Fevers 16	Scrofula 15	Urinary Organs. 2	Total Develop'tal
Puerperal Disea's 6	Convulsions 23	Chronic lead pois-	Diseases 19
Diarrhœal " 7	Aneurism 1	oning 1	Deaths by Viol'ce. 13

CHAS. W. FRANCIS, *Health Commissioner.*

DEATHS AND RATE OF MORTALITY

Per 1000 Inhabitants, Annually, in the Largest American and Foreign Cities, According to the Latest Returns.

CITIES.	Population.	Date of Return.	Deaths from all Causes	Annual Death Rate per 1000	Deaths.	
					Infants under 1 Year of Age.	Persons Aged 60 Y'rs and upwards.
New York	1,086,000	5 weeks ending Dec 28	2,350	23.12	.....	.....
Philadelphia	877,500	4 " " " 28	1,192	17.99	.....	.....
Brooklyn	549,500	4 " " " 28	813	19.53	.....	.....
St. Louis	503,000	4 " " " 28	440	11.59	.....	.....
Chicago	460,000	4 " " " 28	572	16.20	.....	.....
Baltimore	355,000	4 " " " 28	464	16.54	.....	.....
Boston	353,000	4 " " " 28	627	20.96	.....	.....
San Francisco, Cal.	300,000	Month of November...	369	14.80	.....	.....
Cincinnati	280,000	5 weeks ending Dec 28	559	20.07	.....	.....
New Orleans	210,000	4 " " " 28	359	22.28	.....	.....
Buffalo	170,000	.....	....	.....	.....	.....
Cleveland	162,000	.....	....	.....	.....	.....
Washington, D. C.	160,000	Month of November...	296	16.70	.....	.....
Pittsburgh	145,000	" " December ..	202	18.37	.....	.....
Newark	126,000	.....	....	.....	.....	.....
Detroit	125,000	.....	....	.....	.....	.....
Milwaukee, Wis.	123,600	.....	....	.....	.....	.....
Richmond Va.	79,000	Month of December ..	125	19.10	.....	.....
New Haven, Conn	60,000	Month of November...	87	17 63	.....	.....
Charleston	57,000	4 weeks ending Dec 28	106	24.17	.....	.....
Memphis, Tenn.	50,000	.....	....	.....	.....	.....
Mobile	40,000	.....	....	.....	.....	.....
Denver		.....	....	.....	.....	.....
Galveston		.....	....	.....	.....	.....
Indianapolis		.....	....	.....	.....	.....
Springfield, Mass.	31,500	.....	...	.....	.....	.....
Nashville, Tenn.	27,000	Month of December...	53	23.47	.....	.....
Sacramento	25,000	Month of November...	44	21.40	.....	.....
St. Paul, Minn.	20,000	Month of November...	33	24.00	.....	.....
London	3,577,309	December 15 to 21	2,133	31.10	.....	.....
Paris	1,988,800	" 14 to 20	1,007	26.30	.....	.....
Berlin	1,019,620	December 1 to 7	496	24.70	.....	.....
Vienna	727,271	December 8 to 14	363	26.09	.....	.....
St. Petersburgh	669,741	December 1 to 7	539	41.80	.....	.....
Bombay	644,405	.....	....	.....	.....	.....
Glasgow	566,94	December 15 to 21	416	29.70	.....	.....
Liverpool	532,683	" 15 to 21	399	39.10	.....	.....
Naples	475,405	November 19 to 25	230	23.10	.....	.....
Calcutta	429,535	" 10 to 16	428	51.90	.....	.....
Hamburg (state)	406,104	.....	....	.....	.....	.....
Birmingham	383,117	.....	....	.....	.....	.....
Brussels	175,785	November 10 to 16	150	20 50	.....	.....
Manchester	360,514	" 10 to 16	172	21.90	.....	.....
Dublin	314,666	" 10 to 16	187	31.00	.....	.....
Leeds	304,948	" 10 to 16	163	27.90	.....	.....
Amsterdam	302,266	" 3 to 9	134	23.00	.....	.....
Sheffield	289,537	" 10 to 16	143	25.80	.....	.....
Rome	282,214	October 13 to 19	88	15.80	.....	.....
Breslau	267,000	November 3 to 9	130	25.30	.....	.....
Turin	227,846	.....	....	.....	.....	.....
Edinburgh	222,371	.....	....	.....	.....	.....
Alexandria	212,034	October 27 to Nov 2	106	28 70	.....	.....
Dresden	207,845	November 3 to 9	88	21.80	.....	.....
Bradford	185,088	" 10 to 16	88	24 80	.....	.....
Salford	170,251	" 10 to 16	90	27.60	.....	.....
Nottingham	165,267	.....	....	.....	.....	.....
Hull	143,139	November 10 to 16	67	24.40	.....	.....
Dundee	142,957	.....	....	.....	.....	.....
Portsmouth	129,461	.....	....	.....	.....	.....
Leicester	121,473	.....	....	.....	.....	.....
Oldham	107,366	November 23 to 30	61	29.60	.....	.....
Brighton	103,923	" 23 to 30	50	25.10	.....	.....

Trommer's Extract of Malt.

The rapidly increasing demand for our IMPROVED EXTRACT OF MALT, during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an improved process, which prevents injury to its properties or flavor by excess of heat **It represents the soluble constituents of Malt and Hops,** viz: Malt Sugar, Dextrine, Diastase, Resin and Bitter of Hops, Phosphates of Lime and Magnesia, and Alkaline Salts.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25 7 Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article

Yours truly,
SILAS H. DOUGLAS,
Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of Diastase renders it most effective in those forms of disease originating in imperfect digestion of the starchy elements of food.

A single dose of the Improved Trommer's Extract of Malt, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose of adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1 1-2 lbs of the Extract.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canadas, at the following prices:

EXTRACT OF MALT,				*With Hops (Plain)*	$1.00
"	"	"	"	*Pyrophosphate of Iron (Ferrated)*	1.00
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PARKE, DAVIS & CO'S

NEW REMEDIES.

CASCARA SAGRADO.

(*Rhamnus Purshiana.*)

We have a large supply of this valuable remedy, which we know to be genuine, in the form of fluid extract, and are prepared to fill orders for any amount. This drug is undoubtedly one of the most important additions to the Materia Medica and is indicated particularly in habitual constipation, and in dyspeptic complications. It has been proven in repeated trials to be one of the most pleasant and reliable laxatives known to the practitioner. False varieties of this drug are undoubtedly in the market, and we caution our friends against using any of this preparation but what bears our firm name and capsule.

BERBERIS AQUIFOLIUM.

This, perhaps the most valuable of the list of indigenous medicines, was first introduced by us. The profession have long sought in vain for a remedy combining tonic as well as alterative properties. This preparation combines both in a marked degree, and has been proven by repeated trials to be a sure remedy in syphilis, salt rheum, tubercular affections, psoriasis, and all complaints occasioned by a vitiated state of the blood. Physicians who have been disappointed in the results obtained from the use of other preparations, should not condemn the remedy until our extract has been tried, as many spurious varieties—notably the Oregon grape plant—are being extensively sold for the true Berberis Aquifolium.

GRINDELIA ROBUSTA.

This remedy is indicated in asthma, and many practitioners who have used our preparation have found it to be of great value in most of the cases tried. In combination with Yerba Santa it has also been found specially efficacious in bronchial affections. While the general verdict is largely in its favor, still some have been disappointed in its use. In these cases it was probably owing to the fact that the supply of the drug was not genuine. It is a well known fact that many of the varieties of the family bear so close a resemblance to each other that botanists distinguish them only with great difficulty, and the Squarrosa and other varieties are hence often unwittingly substituted for the Robusta. Our own supply is gathered for us under the direction of a competent botanist, and is therefore known to be genuine.

YERBA REUMA.

(*Frankenia Grandifolia.*)

This is an herbaceous plant, growing near the foot hills of the coast range mountains in California. Its Spanish name implies flowering or flux herb. It has as yet been tested only locally in catarrh, gonorrhœa, leucorrhœa, and catarrhal ophthalmia. The success which it has met with in these complaints justifies us in predicting for it an important place among the new standard remedies. We trust that our professional brethren will favor us with the results of its use in other kindred diseases in which its administration would seem to be indicated.

PENTHORUM SEDOIDES.

This fluid extract has largely come into use as a remedy for catarrh, pharyngitis, catarrhal laryngitis, chronic bronchitis with increased secretion, and in catarrhal affections of the stomach and bowels.

FIVE-FLOWERED GENTIAN.

(*Gentiana Quinqueflora.*)

Among the many substitutes for quinine, this plant is one of the most valuable. In many cases where quinine and other anti-periodics have proved futile, this remedy has been found very efficacious. In combination with hydrastis, it has been found an excellent tonic in depraved conditions of the digestive apparatus, increasing the biliary secretions and acting as a stimulant to the excretory organs. In combination with gelsemium, and in derangement of the biliary organs in conjunction with podophyllin, it seems to increase the action of those agents.

BOLDO.

(*Peumus Boldo*)

This is an Alpine evergreen shrub, found upon the Andes in Chili, and is largely used by the natives of that country.

Its therapeutical properties are best seen in blennorrhagia, chronic catarrh of the bladder, hepatic abscesses, and atony of the digestive organs, in all of which diseases it has afforded great benefit. Dr. Chas. A. Zaramba, member of the Sociedad Medica, Santiago de Chila, is enthusiastic in its praise, and pronounces it one of the most important of the recent additions to our materia medica.

Send stamp for our descriptive circular giving full information as regards the therapeutical applications of fifty new and valuable remedies.

Parke, Davis & Co., Detroit, Mich.

DECEMBER 7TH, 1878.

An Unusually Large Skull.

DR. RUMBOLD:—I have here a skull of unusual size to present to the Society. There are several peculiarities about it. One is that, although the molar teeth are in perfect apposition on each side of the jaw, and therefore articulate well, the incisor teeth of the upper jaw are separated fully a-half of an inch from those of the lower jaw, yet the grinding surface of the upper incisors is worn. This was done by thumb-sucking. It is the skull of a negress, who was thirty-four inches high and from twenty-seven to thirty years old. The skull is perfectly preserved. You will observe that the bones are firm, of the usual thickness, and well developed. The spine was curved, and she was unable to walk. Serum was found in the medullary substance of the brain, but no water existed between the pia mater and dura mater. She was an inmate of the Asylum for the Poor for about four years, but was neither insane nor imbecile. She would give sensible replies to questions. The greatest circumference of the skull is *twenty-eight inches*; the vertical circumference is *twenty-four inches*.

DR. STEVENS:—In the museum of the St. Louis Medical College there are heads of nearly the size of this one, but the bones are separated from each other, but connected by membranous tissue. I have never seen a specimen where the bones were entire. They seem to have formed intermediate spaces between the bones, which were filled up with ossa wormiana. There are a remarkable number of supernumary bones in that skull, the largest number, I think, I have ever seen.

Ingenious Mechanism.

DR. LEBEAU referred to a case of resection of the superior maxillary bone, where an opening remained through the external cheek into the naso-pharyngeal space, for which Dr. Keith had constructed an ingenious and satisfactory apparatus.

DR. KEITH, by request, presented this case, and said: Mr. President and gentlemen: This case is one in which, after a surgical operation, the parts have failed to unite, and was brought to me by Drs. Steele and Lebeau to see what might be done in the way of closing the opening by mechanical appliance. The case presented the following difficulties of treatment: That, from contraction of the masseter muscle, the man was unable to open his mouth more than half an inch, and this rendered the taking of a perfect impression a matter of difficulty. A perfect impression of this opening was also necessary, which I obtained in the following manner: I moistened a piece of bibulous paper with cosmoline and carried it back so as to close the posterior opening

into the pharynx. I then introduced a small portion of plaster, taking an impression of the posterior third. This was removed, trimmed, varnished and oiled, and re-introduced. The same method was followed in taking an impression of the anterior third. Between these two pieces, then, there was a V-shaped space, an impression of which was taken by a third portion of plaster. From these three pieces, when removed, a complete model of this opening was made. In this model was constructed a hollow shell which fills this cavity. The next step in the operation was to take an impression of the mouth. An impression cup, or tray, was made from the ordinary pink dental gutta-percha, and an impression obtained without much difficulty. On this the plate which is here shown was made, and the two fastened together by means of a Dowell pin. The outer shell, completing the contour of the cheek, is made of clear, uncolored celluloid, and painted flesh color. It is attached to the face by means of an elastic band, which is fastened to a small hook within the shell and to another on the inside of the cheek piece. Those gentlemen who wish to examine this case will now have an opportunity to do so before the parts are put into place. [The specimen was examined by the members of the Society.] Dr. Keith continued: Now, gentlemen, in order to show you the improvement in this man's speech, I wish him to say, "My name is Yorick Boyrie. I was born in Bordeaux, France, in 1839." [The gentleman attempted to repeat the words, but was unable to make them intelligible. The parts of the apparatus being placed in position, the same words were clearly articulated.]

Tetanus,

Dr. J. M. Scott then reported the following case: A young man, 16 years of age, had his finger injured, exposing the first phalange, but did not suffer much. After ten days his mother discovered at the breakfast table some evidences on his face of pain. He tried to take a piece of meat from his mouth, but his jaws were closed. I found he was suffering from a severe pain in the back and shoulders, and gave large doses of chloral and bromide of potassium. He was somewhat better in the evening, and the jaws were sufficiently relaxed to enable him to be fed with some degree of effort. Thirty-six hours later the boy was worse, and I desired a consultation. Dr. Gregory was called, who at once suggested that the treatment I had adopted be continued, and the patient was kept under it for some twelve hours more, and then I concluded to use cannibas indica. My patient died yesterday morning. In looking up the history of these cases, I find very few recover. Flint cites but one case terminating favorably. This is the only case of tetanus that has ever occurred in my practice.

Dr. Lutz gave the history of a case in his practice. Sometime in August I was called at night to see a man who had his

arm caught by the cog-wheels in a flour mill, by which the radius and ulna were fractured several times. I amputated the arm at the lower third. There was some sloughing but granulation took place after a while and he got on very nicely until the sixteenth day, but symptoms of tetanus set in and the patient died ten days afterwards. The treatment after the disease had been recognized consisted of fifteen drops of Fowler's solution and about twenty grains of chloral, every three hours for the whole ten days.

DR. FAIRBROTHER :—As relating to the observation made by Dr. Scott that recovery from tetanus is an event of exceedingly rare occurrence, I would refer briefly to three cases of the disease in which recovery took place.

CASE I.—Mr. P——a young man working at the stock yards fell into a vat of boiling water scalding both legs so severely that a good deal of sloughing followed. Within a week from the accident well marked tetanus set in with trismus, and frequent tetanic spasms. He was put upon chloral and quinine and iron. After continuing this treatment for a week and no alteration in the symptoms worthy of record being observed, Dr. Hodgen was called in consultation, who recommended the addition of arsenic to the previous treatment. At the end of another week unmistakable signs of improvement began to be manifest, and from this time forward the recovery was steady though slow, and in the course of six weeks every tetanic symptom disappeared.

CASE II.—Mr. H——, a plasterer, while at work upon a ceiling felt a sudden pain in the back part of the neck. Little attention was paid to this, however, until after a few days an unpleasant stiffness and drawing sensation of the muscles along the cervical and dorsal regions began to manifest itself. Tetanic irritation was suspected and a blister ordered to the spine and small doses of chloral and quinine administered, but the disease progressed until permanent opisthotonus existed. The patient was now kept upon chloral, compound quinine pill (quinine, strychnine and iron) and occasional doses of Fowler's solution, together with a pretty free use of whisky, as he was somewhat inclined to that beverage when well; bags of ice were also applied to the spine. Consultation being desired, Dr. Thomas O'Reilly was called and being unable to meet the doctor at the hour appointed, I left a note giving the treatment. In reply Dr. O'Reilly left the following: "This kind of treatment has proved successful of late years in so many cases of this disease, formerly so nearly always fatal, that I would not think of changing it unless it would be to replace the bags of ice by leaves of tobacco." The patient progressed to a perfect recovery. After about six months, however, there was some return of the muscular spasm, which was promptly allayed by free doses of chloral.

Dr. Thomas Scott:—I saw a case treated similarly to the one related by Dr. Scott, with the exception that the young man was twenty-seven to twenty-eight years of age; a man of vigorous health. He was employed in an engine-room, and had the little finger of the left hand caught by a box and badly bruised, but there was nothing to make us suspect any serious result from it; afterwards symptoms of tetanus began to appear, and he lived eleven days from the time that tetanus was fairly developed. The treatment in this case was chloral, bromide of potassium and iron; in addition to this, consultation was called and large doses of quinine given; he slept nearly all the time; there was dysuria, which I relieved by the catheter.

Dr. Kennard:—There are two or three facts which should be remembered with regard to tetanus. The first is that the idiopathic is not so dangerous as the traumatic. A great many persons look upon it as a self-limiting disease. In the South a great many cases recover. I do not know that this is known and believed by physicians generally, but I know it is by the prominent physicians of New Orleans. The second point is, traumatic tetanus is almost necessarily fatal. There is a species of tetanic spasms and hysteria which so closely resembles true tetanus, and so closely that you can scarcely detect the difference. Two or three years ago I remember that an actress in Deagle's Varieties was shot through the back of the hand accidently and she had very violent tetanic spasms, but I soon found she had more hysteria than tetanus. It is not so generally known that tetanus is very commonly caused by abortion. Undoubtedly numbers of cases supposed to be idiopathic die from tetanus produced by abortion. The case to which I refer—of this actress—simulated true tetanus so closely that other physicians who saw the case were satisfied it was true tetanus. But the patient recovered. Some years ago I had two cases; one of these a young girl, I examined very closely; she had a bunion on her little toe, which suppurated, and had had the lockjaw for several days before I saw her; there was an abscess on the toe which I opened, but it did no good. I had a case which passed into the hands of the Coroner, where a negro was struck on the head with a brick; he was sent to the City Hospital, where he died. Finally they held an inquest on him, but by confusion of names, indicted him for killing the man who had killed him, and his physician swore he had made a post mortem three days before the man died.

Dr. Hodgen:—I have known a number of cases of treatment of tetanus recover, but not one in which arsenic was not used. I do not know how far arsenic may be responsible for the recoveries, but I would be unwilling to treat a patient without giving arsenic. I have seen a patient take an ounce of Fowler's solution daily, and continue it for two or three weeks. I recall now four cases of traumatic tetanus which have recovered while using

arsenic, two in which chloral had not been used. Chloral is a very valuable remedy in arresting spasms, but I think opium does not benefit a patient suffering from tetanus. I used, some years ago, a remedy recommended by Dr. Frazer, a Glasgow physician—Calabar bean, to control spasms—but the patients died all the more.

DR. BARRET mentioned the case of a gentleman who injured himself by falling, and tetanic spasms ensued. He recovered under the use of the Calabar bean.

DR. WM. PORTER:—The statement which Dr. Hodgen makes with regard to the use of arsenic reminds me of a very interesting case which I saw in consultation about fifteen months since, a case in the practice of the late Dr. Edgar. A young gentleman had his finger bruised in some way, and put collodion on the injury, which, in contracting, pressed on the bruised parts so much as to produce a great deal of pain, and the patient had undoubted tetanus. There was spastic contraction of the muscles of the larynx, and I saw the case with regard to the difficulty of respiration. However, this patient recovered entirely and very promptly under the use of chloral alone, and within ten days he was able to walk, fairly well.

DR. MCPHEETERS:—I just wish to remark, sir, that tetanus is a disease in which we must not be guided by the size of the doses, but by the effect produced. In other words, tetanus is a disease which so modifies the effects of remedies that you may give quantities which, under other circumstances, would prove fatal. You know that enormous doses of different medicines have been taken by these patients—enough to kill half a dozen well men—which had only the effect of suspending the spasms.

DR. HUGHES:—I know one case of traumatic tetanus, before chloral came into use, in which the patient got well on chloroform. With regard to the administration of fifty or one hundred grains of chloral by the stomach, I would not think that, even in tetanus, it would be a very good practice. I believe, in these cases, chloral acts better when administered by the rectum.

DR. HODGEN—I was first induced to give arsenic from the experience of a physician of this city, who said he had used it with great success. I have since continued its use in many nervous troubles where there is a tendency to spasm. I think it does diminish the sensibility or irritability of the ganglionic center of the spinal cord. I also give it very often in cases of spermatorrhœa due to an excitable condition in which the spermatic discharge occurs in connection with irritation of the rectum or bladder.

The Official Publication of the Society's Proceedings.

December 14th, 1878.

The special order of business for the evening was to make provision for the future publication of the Society's proceedings. There was a very full attendance and the following resolutions were unanimously adopted:

Whereas, In the month of April last the St. Louis Medical Society decided to have its proceedings reported in full by a short hand reporter, and appointed a committee to revise the same for publication; and

Whereas, The said Society accepted a proposition from the publishers of the St. Louis Medical and Surgical Journal to publish the reports of its proceedings and debates so revised by said committee, which was, and we believe, is still deemed very liberal on the part of the publishers of said Journal; and

Whereas, The transactions of this Society as at present reported and published, are valuable, both to the Society as a body, and also to its members individually, we deem it desirable to continue the publication of the same; and

Whereas, The St. Louis Medical and Surgical Journal has during the portion of the year just passed, carried out in good faith, and in the same liberal spirit in which it was proposed, its engagement with this Society as the official organ of its proceeding; therefore, be it

Resolved, That this Society continue the publication of the official reports of its transactions under its present engagement with the St. Louis Medical and Surgical Journal;

Resolved, That any and all respectable medical journals shall have free and equal privileges to publish the reports of the Committee on Publication in whole or in part, provided abstracts of said reports shall be so designated.

December 21st, 1878.

Tumor in the Cardiac Wall.

Dr. Laidley:—The man from whom this specimen was taken came to my office about two months ago, suffering from emphysema, with some hypertrophy of the heart. He was sixty-five years old. I did not examine him as carefully as I intended doing subsequently, expecting him to come again, but he failed to

do so. I learned afterwards he had died suddenly. The case passed into the hand of the Coroner, and I asked the privilege of making a post mortem and secured this specimen. One peculiarity of the case, at the time I saw it, was that his pulse did not exceed 32 at any time, and went as low as 26, but was strong. I am not fully satisfied as to the cause of his death, nor as to the cause of the slowness of his pulse.

DR. BAUDUY:—Do I undestand rightly that these were the only symptoms?

DR. LAIDLEY:—All that I observed; but I observed also on putting my ear to the chest that the sounds were muffled, and at the post mortem examination I found the pericardium full of serum.

DR. BAUDUY:—The fact of interest, is the very diminished frequency of the pulse—32 to the minute. In analyzing that symptom, we know that it is a fact, that in cerebral disease the pulse is very frequently diminished, sometimes beating as low as forty-five. It is usual in cases of congestion, particularly of the pneumo-gastric nerve. There are other pathological conditions that might have induced this state of the pulse which were in no way connected with the brain. I believe it is generally admitted that in case of atheromatous degeneration of the coronary arteries, and also in fatty heart, that this peculiar pulse occurs. So that when the pulse is diminished in frequency, it can only be relegated to two conditions, either cerebral or cardiac. In the exclusion of all cerebral congestion in this case I should think it would be very interesting to examine the state of the coronary arteries, to ascertain whether they are atheromatous; also a microscopical examination as to the condition of the walls of the ventricles. I had some years ago a case where phenomena of just the opposite character occurred, where, after a languid disease, the patient became very much enfeebled; the pneumo-gastric nerve seemed to be paralyzed; the patient's pulse would beat with great frequency for days, even months, so rapidly, that it could be scarcely counted.

DR. GREGORY:—And the patient is still living and in active life.

DR. MICHEL:—With regard to atheromatous degeneration being the cause of the infrequency of the heart beats in this specimen, I suppose there is no other reason for accounting for it than that the nutrition of the muscular tissue of the heart was destroyed. Now, it has been observed in this specimen that we have tumors. It is supposed these tumors are of the gummy, syphiloid nature. It may be so, but the naked eye cannot ascertain that fact. But the tumor obstructs the coronary artery, and this alone would account for the infrequency of the pulse.

Dr. Bernays:—The explanation that is offered by the gentleman, if it proves that the tumor actually presses on the coronary artery, will be a sufficient explanation of the symptom of the slow pulse. Looking at the specimen, I could not see that, but if it is the case, it will be the second of a case of like unique character that Dr. Hammer, of St. Louis, described of a man who died here under his treatment whose pulse was eight beats to the minute. Dr. Hammer diagnosed thrombosis of the coronary artery, and, on post mortem examination, a clot was discovered in the left coronary artery, and the man had lived thirty-six hours with a pulse beating between eight and twelve times a minute. In Europe this was considered one of the most brilliant diagnoses ever made. Another explanation of this case suggests itself to me, that is that the tumor which we find is very probably a syphilitic tumor—the center of the tumor is undergoing degeneration, as all organic tumors have a tendency to do. It is situated right in the groove between the auricle and the ventricle, right at the place where the sympathetic plexus, which controls the action of the heart, is located. If this caused contraction of the nerves that control the auricles and ventricles, there would be, in this case, only partial contraction of the ventricles, and we have an explanation of our symptoms. The ganglia which control the action of the auricles are situated above the auricle.

A committee was appointed to report more fully on the specimen, composed of Drs. Laidley, Bernays and Robinson.

Excision of Superior Maxilla.

Dr. Mudd:—I have here, Mr. President, a specimen taken from the patient who was before the Society last Saturday night—the superior maxilla of the left side. It was removed because of an epithelial growth beginning on the alveolar margin about the molar tooth. It seems that, in the fall of 1877, the man received a blow upon the cheek. I do not know that there is any connection between the blow and the subsequent development of the tumor, but such was the history of the case. Soon after the blow, some month or two, he suffered with a soreness of the gum, a sensitiveness accompanied occasionally by pain in the upper jaw. The molar teeth were removed in January, 1878, and left a wound which failed to heal, and remained an open ulcer until the time of the excision. I saw the patient first during the summer—June, I think. At that time there was present an ulcer upon the alveolar margin. Passing a probe into it, I felt some little spiculæ of bone, and on searching for them found only small pieces. The patient returned this fall, and in another examination I found that the probe would pass easily into the nose, producing hemorrhage, and, as I supposed, traversing the antrum. But I subsequently found that it passed beneath the antrum. The man was aged 50 years. Upon presenting the case

to him, he decided to have the jaw removed. The alveolar margin and the palate processes of the maxilla, as also the soft tissues upon that side, were more or less involved. I had to go even beyond the median line on the alveolar margin, taking off the part corresponding to the incisor teeth on the right side, and taking off the palate process close to the vomer, so that I removed all of the soft tissues on the inferior surface of the hard palate, and more of the jaw than is here exhibited. From the examination of the specimen, I think it possible that we might have saved the orbital plate of the superior maxilla, but it was thought preferable to remove it; and an examination of the lining of the antrum shows that it is somewhat involved in the disease. The cells are imperfect.

There are two points in connection with the operation to which I want to call the attention of the Society. One is in connection with the position of the patient. I placed him in bed, with the head hanging over the firmly padded border; the vertex downwards but not so that the blood ran back towards the pharynx, but so that it would not ran downward into the larynx and so that it would give us a good view of the parts. Another point in connection with the operation was the incision. In making the incision I only cut through the lip close to the median line. I then separated the cheek from the maxilla and the tissues from the nasal process of the superior maxilla high up, so that the flap turned back so as to expose the molar eminence. I passed an eyed probe around the molar processes; a chain saw fastened to the ligature in the probe followed and section of the molar bone was made. I divided the nasal processes of the superior maxilla with bone forceps, and made the incision through the hard palate with the bone nippers; then depressing the upper jaw, removed it without further incision of the face. The incision in the lip healed without a scar, so that the man has a face that presents now but little deformity. In making the transverse section of the hard palate I was careful to cut through the bone about the junction of the palatine processes of the palate bone with the palate processes at the superior maxilla, so that I left intact the posterior of hard palate as a support for the soft palate. A point of some moment, I think, is the separation of the superior maxilla from the pterygoid processes of the sphenoid. This is attached somewhat firmly to the superior maxilla, and in depressing the maxilla I broke the pterygoid process, but did not detach it. It occurred to me that it would be better to make that detachment with a pair of forceps, curved laterally with the blades pointing upwards and with beveled edges of the blades upon the posterior superior surface so that in closing the blades they would be inclined to press forward so as to cut the superior maxillary rather than the pterygoid, the beveling of the blades is generally upon the proximal surfaces. The position of the patient seemed espe-

cially fortunate to me on account of the easy access to the part and the perfect freedom from the passage of any blood into the larynx. This latter is a point of interest in those operations about the mouth that we have to perform so often upon infants. I believe I lost a patient once in an operation for hare-lip by the passage of blood into the larynx; at any rate the child was taken the same day with bronchitis and died. In dressing the wound after the operation, the excavation was lightly filled with a simple compound which was removed the next morning, so that the part was free after the first twenty-four hours I used a salt water wash, and the wound was more free from odor than such wounds generally are. I think it possible that we might have saved the orbital palate of the superior maxilla so as to leave a support for the eye, but so far the eye has not dropped at all, nor is there any impairment of the vision.

Dr. Bernays:—The case is a very interesting one and the success of the operation was certainly demonstrated. The removal of the orbital plate was justifiable, and was the best thing for the patient because we know how easily myeloid tumors return, unless the whole continuity of bone is removed. The leaving of the horizontal process of the palatine bone is I think a very good thing, something that is not always practicable, because the bone is so very thin that it breaks off. The incision known as Fergusson's incision causes the least possible deformity to the face, and for that reason in small tumors of this kind ought always to be employed. In regard to the position of the patient during the operation, it is the position known as Grace's position; it was not quite Roze's position, because Roze tips the head completely over so that the blood is all evacuated through the nostrils. He was the first man who proposed to operate with head hanging, in about 1872, and since then that method has been often employed in operations of the hard and soft palate, and also for harelip in children. It does away with the necessity of performing what we call prophylactic tracheotomy, that is putting a tube in the trachea previous to performing the operation. The operation sometimes causes terrible œdema of the head, which lasts a day or two after having the head in a hanging posture, but it never causes any serious trouble; the œdema of the brain which is caused by the position seems to be of no importance; the patients generally rallying in twenty-four hours.

Dr. Mudd:—I would like to say one word more, that is in regard to the position of the head suggested to me by an article I saw in the *Boston Med. and Surg. Journal*, by J. C. Warren, M. D., giving the results of the experiments of Julius Wolf, on the use of this position. I was skeptical about its being practicable; I supposed that he intended to turn the head so far back that the blood would run over the alveolar margin and out of the mouth. I am satisfied that this can not be done with the body

in a horizontal position. To secure this you must have a table on an inclined plane; failing to do this the head can not be turned back so far as to accomplish the object desired without very great pain and discomfort to the patient, but it is only necessary to so far invert the head that the blood will run into the pharynx and I presume that this is all that was designed by its author.

Dr. Rumbold:—In your case was the head œdematous? How long did the operation last?

Dr. Mudd:—No, sir; the head was not œdematous. The operation did not last more than ten or fifteen minutes.

Dr. Bernays:—I believe the Doctor is mistaken with regard to the inventor of the method he alludes to. Dr. Roze was the author of it, and I can assure the gentleman that the blood will run out easily on a horizontal table. You can prove this on a cadaver. If you pour water into the mouth you will find it will run out through the nose.

Dr. Mudd:—Did I understand you rightly that it runs over the hard palate into the naso-pharyngeal space first? This, I think, is probable. Dr. Bernays is correct concerning the inventor of the position.

Dr. Bernays:—I mean that when there is a cleft of the palate.

General Tuberculosis.

Dr. Dean presented a case, the history of which is as follows: Patient was a teamster on the plains last winter, and exposed to all kinds of weather; was in employ of government. Last February, patient says, he had dysentery, which lasted about a month; had great pain in hypocondriac region and great tenderness on pressure, also pain in chest; had a very bad cough, also a general muscular rheumatism; cough has now disappeared; has diarrhœa, more or less, all the time. Patient had formerly to sit up in bed to sleep; during this cough he noticed that his abdomen commenced to swell, and has continued to ever since; spits up much natural sputa. There is a tumor in right lumbar region extending to median line anteriorly and down to right inguinal region. To the left and above the umbilicus was the most prominent point of abdomen; it was discolored, intensely painful, very soft and resonant; liver is enlarged; there is resonance between tumor and liver. There was no curvature of spine in lumbar region; there was a slight change of resonance on change of position; tumor was felt to move internally by pressing in region of right kidney posteriorly.

Dec. 5th.—Patient says the pain is decreasing all the time, and tenderness on pressure is almost, if not entirely disappeared, yet the abdomen still continues to enlarge. There is dullness in

apex of left lung, also extensive dullness in cardiac region. He always says he only feels weak and his abdomen does not trouble him much.

19th.—Complains of extreme weakness and trouble in breathing, yet he is not very much emaciated. This evening had hemorrhage from lungs for first time; spat up a quantity of blood.

20th, 4 A. M.—Had another hemorrhage; lasted only a short time. 7:15 A. M.—Died.

10:45 A. M.—Post mortem. On opening the thorax, firm adhesions were found in all directions; the pericardial sac was enlarged, and on cutting was found to be very thick. When opening the abdomen the parietal layer of peritoneum was so adherent that it was impossible to separate it from the walls of the cavity. The liver was attached everywhere; could not remove any portion of intestines separately; the intestines, spleen, kidneys, bladder and pancreas were turned out en masse. There were tubercular deposits everywhere; the liver, lungs, spleen and pancreas were involved; valves of heart and heart itself found healthy, but the heart was quite small. The intestines were not dissected, but presented just as they were taken out. There was no evidence of inflammation of spine; brain was not examined.

Jan. 6th.—Tried to dissect the intestines, but found it almost impossible; they were separated from the peritoneum as well as possible; found no deposits throughout their course, but the peritoneum everywhere was studded with tubercles. The great omentum was a solid mass, firmly connected with the layer covering the intestines, and was, on an average, about one and one half inches thick.

Dr. Dean then remarked: There was no diagnosis ever fully made of the case that I am aware of. The liver was very red, almost carnified. I do not think there can be any doubt, as far as the microscopical examination is concerned, of this case being tubercular in character.

Essential Paralysis of Children.

Dr. Bauduy:—I was called four months ago to see a young child about five years of age, and the only objective symptoms then present was the existence of decided fever, which continued without abatement, resisting the ordinary antipyretic remedies. One morning I was hurriedly called to see the child, and I found it completely paralyzed. The paralytic symptoms presented were entirely those of a spinal character, because none of the cerebral nerves were involved, nor was the intellect in any manner impaired. There was no impairment of sensation, nor was there any evidence of a hyperæsthetic condition, nor was there involvment of sphincter muscles. The diagnosis was essential paralysis of children. It is true that this does not often occur in children of five years of age, but as I have said, by a def-

erential diagnosis I do not think it is possible to regulate this case to any other derangement. I therefore treated it on this basis and administered large doses of the fluid extract of ergot, and gave as much as twenty grains of bromide of potassium, every three or four hours. But after administering the bromide of potassium for some time, great depression was evinced. This is a remedy of most depressing character, and not the innocent remedy it is generally supposed to be, but when administered in doses that are at all efficacious, will require much watching, so I continued the ergot alone. This fact imparts particular interest to the case in as much as the ergot was thenceforward the only remedy used. One of the common results of essential paralysis in children is a rapid tendency to the development of muscular atrophy which is usually a subsequent condition. This child has entirely recovered, the paralysis has disappeared and what is more interesting, is that there is no further development of muscular atrophy, which I attribute to the fact that ergot was used freely for a long time. This reasoning may seem *post hoc ergo propter hoc*, but I am convinced that ergot is the most rational treatment that we can adopt in these cases. General pathology attributes this condition to an involvment of the spinal cord, especially of the motor cells, and I consider that the fact that atrophy did not develope itself, was due to the continued administration of ergot. In the old pratice this would have been dealt with in an antiphlogistic manner, therefore the case is of interest from the result which has been attained by the admistration of a single remedy. However, this remedy was treated under favorable circumstances. It is rarely that we get hold of cases of essential paralysis in the acute period, but more often after they have existed many months, and therefore muscular atrophy has been well developed. Of course in this state nothing can be of any particular benefit to the child unless perhaps, the galvanic current. I think, therefore, the result was partly due to the favorable condition under which the child was treated, and that the ergot, by its anti-congestive effects, prevented further development of the myelitis; prevented the atrophic conditions which would otherwise necessarily have ensued later in the case.

Dr. Kennard:—Ha1 you no apprehensions in using the ergot continuously?

Dr. Bauduy:—No. Dr. Hammond, of New York, uses ergot in much larger doses than that; he says he uses for young children, as much as one drachm of the fluid extract of ergot, three times a day. I used one-half a drachm, and have found no bad results from its administration where the effects have been watched, nor do I think that ergot exercises any of the deleterious influences which have been attributed to it by its long continued use. I have patients under my treatment, even children

who have been taking extract of ergot for the last eighteen months or two years, and I have yet to hear of any bad results from it.

Dr. Robinson:—I would like to ask Dr. Bauduy at what portion of the cord he would locate the lesion in this case.

Dr. Bauduy:—In the anterior cornua of the spinal cord; and inasmuch as both the upper and lower extremities were involved, it must have embraced a very large segment.

Dr. Robinson:—Not necessarily; the lesions may have been situated in the upper portion of the cord. I presume that the lesion was rather a congestive one than an inflammatory one, and hence the good results of the ergot in relieving that congestion. The remedy used in such cases must depend in a great measure upon the nature of the cord producing the congestion or inflammation. I will recall to Dr. Bauduy's mind a very interesting case which he saw with me, some seven or eight months ago, in which, although we had not quite complete paralysis, but incomplete paralysis of the upper, as well as the lower extremity, and also the muscles of articulation, in which we made out from the history of the case, that it was dependent, probably upon the existence of a gummy, syphilitic tumor about the root of the spinal cord, at its commencing portion at any rate, and that the patient was so weak he could scarcely turn himself in bed, and he had very little power in the grasp of his hand. This condition came on gradually until he was perfectly helpless, and in six or seven days he articluated so imperfectly that he could not be understood at all, and yet his intellectual faculties were perfectly clear. Based upon the history of the case, and upon the fact that a year or two previously, I had treated the patient for secondary tertiary syphilis, we put the patient upon large doses of iodide of potassium, bichloride of mercury and he improved rapidly, and to-day he is as well and vigorous and muscularly strong as any man in this room. On the other hand, I have seen patients suffering with motor disturbances which I considered was due to malarial poisoning, in whom I have seen good results from large doses of quinine; therefore it is dependent in a great measure upon the cause, what we are to expect of medicines used. In Dr. Bauduy's case, from the result, I presume it was simply a congestive lesion, and that congestion was relieved as we would expect from long continued doses of ergot.

Dr. Bauduy:—There are three prominent features in my case which justified me in considering it one of paralysis: There was marked fever; the paralysis was suddenly produced, and not only so, but the immobility was almost absolute; the child was at that period of life when all hysterical complication could be safely excluded. We know from the literature of essen-

tial paralysis of children that it is ordinarily ushered in with febrile phenomena. A case which presented such marked symptoms could not be relegated to a condition of congestion, because when congestion is present, it generally gradually produces paralysis, but not these sudden developments of paralysis, which we see when there are inflammatory lesions or lesions of a serious character, which are to be attributed to other causes.

December 28th, 1878.

Dr. Maugh's Paper on Post Partem Hemorrhage.

A short time since I met a physician of great ability and large experience, who asked me hurriedly what to do in post partem hemorrhage. He had left a patient under care of an assistant, with the hemorrhage temporarily checked, to hasten to his office for something needful in the case. I told him several things that might be done in the case under the circumstances detailed. Thinking of this incident, it occurred to me, that, possibly the means for controling this somewhat frequent, sudden, alarming, dangerous and sometimes fatal accident, were not as thoroughly understood as they should be, and that possibly a few suggestions might not be out of place; not, perhaps, that they would be of any great service to any members of this Society, whose opportunities for thorough posting are so ample, and who, practicing his profession in a great city, where skilled assistance can always be had in a few minutes, may not feel the want, but to others less favorably situated, and who, thrown upon their own resources, have the issue of life or death thrown upon them without a moment for thought or preparation.

The better to illustrate the suddeness and extent of the danger we give a few cases that have fallen under our observation:

Case I.—Some 12 years since I was called on Eighth street near Gratiot, to see a woman who had been delivered a short time previous under the care of a physician of considerable experience —now dead. On entering the room the patient had just fainted; she was as white as the sheet upon which she lay; eyes sunken; pulseless; surface cold; a prolonged syncope, from which it was by no means certain she would recover, and this, I was informed, was the second or third time she had fainted; the bed was saturated with blood, which also stood in pools on the floor; the bolster which, strange to say was still under her head, was immediately removed, and the foot-posts of the bed placed in

chairs so as to determine what little blood was left in her system to the brain; she slowly rallied, so far that consciousness returned, and the pulse was felt at the wrist a mere thread, and beating 140 or 150 to the minute, a state of exhaustion that endangered a heart clot; the hemorrhage that had cease with the syncope again returned with the circulation; the uterus that was large and flabby was seized with the left hand, grasped gently but firmly and pushed down towards the pelvis, while the right hand was carried into the vagina, and the fingers into the uterus, emptying it of clots; now, while one hand held firmly the uterus, with the fingers of the other we pressed the aorta upon the left side of the spinal column. As soon as the patient could swallow she was given a wine glass-full of brandy with a teaspoonful of the fluid extract of ergot; firm pressure was continued upon both uterus and the aorta until the hemorrhage was entirely controlled, and the uterus showed no disposition to relax; a compress and bandage were now applied, and one-half dram of ergot administered. The woman recovered, remaining for a long time in an anæmic, debilitated condition.

Case II.—Some 8 years since I was hurriedly summoned to see a woman, at 2729 Morgan street, whose husband stated that his wife had been delivered a short time previous and was flooding to death, and Dr. ———, wished me to come immediately. In a few minutes I was at the house. On entering the room I saw a large, muscular woman, some 35 years of age, struggling to get out of bed, and prevented from doing so by two or three persons who were holding her; her face was pallid; eyes sunken; a wild, haggard appearance; evidenced alarm; she was struggling to get to the window for air; the bed and floor were covered with blood; I immediately poured a tumbler half-full of sol. per sulphate of iron and filled it with water, filled a Fergusson's syringe with the contents and gave it to an assistant; the woman had ceased her struggling, was lying quiet; I introduced a finger into the vagina, told them to hand me the syringe, intending to throw the solution into the uterus, as I knew the last resort must come first; but upon touching the patient, I discovered she was dead, quite dead; and yet I had not been in the room one minute. So quickly had she died, that the affrighted women who were holding her had not discovered that she was dead. I was perhaps only one or two minutes too late, and yet it was not an hour since the woman, happy in the joys of maternity was receiving the congratulations of friends.

Case III.—Shortly after this I was hastily called; the husband stated that his wife had just been delivered and was not doing well. I found her pale, anxious; asking for fresh air; restless, pulse scarcely perceptible and surface cool. On placing my hand over the abdomen I found the uterus enlarged, reach-

ing nearly to the umbilicus, its outline quite distinct but not firmly defined, readily pitting upon pressure. I immediately grasped it with one hand and carried the other into the uterus, by which means I turned out more than a quart of not very firmly coagulated blood. I now carried a piece of ice as large as a hen's egg into the uterus, continuing to grasp it firmly, with the hand applied over the abdomen. The uterus was chilled, startled, taken by suprise by the ice in its cavity, and contracted down firmly. Brandy and ergot were administered, and the pressure of the hand continued until there was no further tendency to hemorrhage, when a compress and firm binder were applied. The woman did well, the convalescence being a little tedious.

CASE IV.—A primipara engaged me to attend her in confinement. She was highly-educated, intelligent and sensitive. She stated that she had been induced to engage my services because of a great fear she had that she would flood to death at her accouchment. On inquiring why she, a woman who had never been confined, had such a fear, she stated that her mother died when she was born, that her grandmother died from post partem hemorrhage when her mother was born, and an only aunt died in the same way on the birth of her first child, and that she had nearly perished on several occasions from menorrhagia. Well, this was rather a formidable outlook—an inherited hemorrhagic diathesis—and quite justified her anxiety. It was my duty, however, to assure the patient and quiet her fears as much as possible. I thanked her for the information and told her that to be forewarned was to be forearmed, and that though all her female ancestors and relations half way back to Eve had perished from uterine hemorrhage, she should not. That the world advanced slowly, but did advance; that science was the growth of centuries, and that it had now attained a point of certitude in controlling hemorrhage that rendered it utterly impossible for a woman to bleed to death, provided we were prepared to meet every emergency. As she was a woman of the highest intellectual culture, learned in physiology and chemistry, I told her how we could, beyond a peradventure, control the hemorrhage. In this manner I fully gained her intelligent confidence. Well, she fell in labor and sent for me, and I went fully prepared to meet any and every emergency from hemorrhage. The labor was tedious, rendered so by inertia of the uterus or feeble uterine contraction, a deficient *vis a tergo*, that was especially to be deprecated here, where a hemorrhagic diathesis demanded firm uterine contraction, and when the failure of such contraction yawned destruction upon my now hopeful, confiding, lovely patient. I was finally compelled to apply the forceps to supplement by an equivalent *vis a fronte* the deficient *vis a tergo*. The head was slowly pulled down during the pains, while the nurse was instructed to press gently but firmly upon the fundus uteri, following this down

with the hands (expression had been previously tried, by which, I had hoped, by compression, to force the uterus to expel the child, but in vain), and while the head was pressing upon the perineum, one dram fluid extract of ergot of known quality was given. After delivery of the body another dram of ergot was given. Pressure upon the uterus was continued carefully, persistently, intelligently, and after tying the cord and removing the child by firm pressure upon the uterus, grasping it in the hand and pressing it downwards and backwards in the direction of axis of brim, it was made to expel the placenta. The placenta was not taken away, but expressed. The uterus, however, showed no disposition to contract, relaxing, enlarging and becoming soft as soon as the pressure was at all relaxed, when, all at once, the most fearful rush of blood I ever witnessed took place. In a moment the bed was deluged and the patient's face blanched. While I firmly grasped the uterus, I had the husband give her a glass of brandy and water which had been prepared and placed upon the table. She had scarcely drank it when she fainted. I was glad, however, that she had drank it. I had the bolster removed and her head let lower than the body. My hand, holding a lump of ice, was carried into the uterus, which failed to respond. I for a moment compressed the aorta through the enlarged, flabby posterior wall of the uterus, thereby cutting off the blood supply, hoping the uterus would contract. It did do so, but only very imperfectly. There was no hemorrhage. This had been arrested for the nonce by the syncope and the aorta compression, but was sure to return upon the removal of them. The patient had rallied from her syncope, but the uterine inertia continued. Blood was again issuing. A pint of one part of sol. per sul. iron to two of water and a Fergusson syringe filled with this was standing upon the table. I now carried the nozzle of the syringe into the cavity of the uterus and washed out the uterus, continuing the stream until there was no hemorrhage and the uterus was firmly contracted, which it did with a vengeance, feeling much like a cannon ball. Well, why not, as it contained a ferrated coagulum? The same night I related the case to Dr. Cooper, who said the woman would die, but she did not, and is yet living.

Causes.—As we intend to be practical only, passing over the multitudinous causes that may produce post partem hemorrhage, partial uterine contractions with paralysis of the placental site often does so; but by far the most frequent cause of this accident is atony, uterine inertia. This may be produced by previous over-distension, as in cases of twins or hydramnios, or from too sudden emptying of the uterus as in precipitate and precipitated labors, or from the reverse condition of long protracted labor in which the woman is exhausted, or from some congenital conformation or inherited tendency.

The necessary consequence of either of these conditions—

paralysis of placental site or uterine inertia—is that the gaping uterine sinuses yawn destruction from a hemorrhage that may be so sudden that the patient may perish in a few moments, even amidst the congratulations of her friends. At least one of nature's great hæmostatis, uterine contraction, is not present; the other, thrombosis, may be whereby the fort is held with doubtful tenure, and the woman saved until uterine contraction can be induced.

This condition being present during the third tage of labor, the delivery of the afterbirth is readily determined, even if the hemorrhage is ccult, by the hand placed over the abdomen, failing to find the firm globular mass of the uterus, but in its place the uterus is either not felt at all, or its outlines felt as a soft ill-defined mass which rises up and assumes its globular form upon gently rubbing the abdomen with the hand, and kneading the uterus with the fingers. In this condition, therefore, friction should be made with the hand over the abdomen, and as soon as the uterus is felt distinctly, gently knead it with the fingers until it assumes a well defined globular shape when the ulnar surface of the hand should be slipped under and below the uterus, and with the fundus in the hand, firm pressure should be made downwards and backwards in the direction of the axis of the superior strait, whereby the placenta is expressed from its cavity, and out of the vagina. Should this maneuver fail it should be repeated after a short interval. By a little perseverance we will seldom fail to make the uterus cast the placenta, which should always be delivered by a *vis a tergo*, and never, if possible, to avoid it by a pull or *vis a fronte*. If, however, we fail in this after sufficient trial, it is perhaps because the placenta is partially adherent; then the hand should be introduced into the uterus and the adherent portion broken up, and the mass grasped in the hand. The uterus should now be made to expel both hand and placenta by the other hand placed outside, grasping the fundus and pressing it downward and backward into the pelvis. After this, with proper management, the hemorrhage generally ceases. Should it not do so we have the condition most generally met with in post partem hemorrhages from uterine inertia; hemorrhage after the delivery of the placenta.

SOURCE OF THE HEMORRHAGE.—It is doubtful whether the doctrine taught in nearly all systematic works on midwifery as to the source of uterine hemorrhage, that it is from the ruptured utero-placental blood-vessels, is correct. I doubt there being any such vessels except a few very small arteries and veins to meet the advectitious wants of the placenta. These utero-placental vessels figure in the utero-placental anatomy of William Hunter, now generally adopted by the English writers and in this country, are familiar to every medical student, made so by the placental plates of Prof. Dalton, which is Wm. Hunter illustrated; but Dalton's placental anatomy never existed except in the imagina-

tion, certainly never in the human placenta. But while this could be shown, here is not the place, nor have we now time to do so. The hemorrhage is venous, and from the gaping uterine sinuses laid bare by the separation of the maternal portion of the placenta. These sinuses are channels hollowed out of uterine substance, and have for their walls uterine tissue; are without valves, and are veins only in that they carry venous blood, and are lined with the inner thin wall of veins, the *endangium*, and are consequently without any power of contraction, and can only be closed by uterine contraction and thrombosis produced or rendered possible by retarded circulation caused by condensation of uterine tissue or syncope. By the former the veins are constricted, strangulated and the arteries angulated, and their calibre lessened; by the latter the current is cut off or slackened by the weakened or suspended heart's action, whereby feeble coagula are sometimes formed independent of uterine contraction, and the woman saved from immediate death.

To enforce this, nature's great hæmostatic, uterine contraction, condensation of uterine tissue and thrombosis in the uterine sinuses, is the sole aim of the physician in any case of post partem hemorrhage, and when from any cause, as exhaustion of the *vis nervoso* to so great a degree that the spinal system fails to respond to any and every excito-motor influence, then he enforces coagulation by means which act efficiently in despite of this system, independently of it, would do so even though the woman were dead.

This condition of flooding after the removal of the placenta from inertia uterii is unmistakably announced by the escape of blood, and the symptoms of its loss in the fluttering, feeble, hurried pulse, blanched face, pallor of the lips, cold extremities, hurried, anxious respiration, etc. Upon placing the hand over abdomen the firm globular mass of the uterus is found not present.

Treatment.—Make friction over the abdomen with the hand, made cold if need be by dipping it in cold water; give ʒi fluid extract of ergot; knead the uterus with the fingers and as soon it assumes a well-defined outline grasp it firmly in the hand and make firm pressure in the direction of the axis of the brim. For the purpose of uniform efficient pressure the ulnar surface of the hand should be pressed under and behind the uterus so that the fundus is in the hollow of the hand. This maneuver will generally cause it to contract and expel all coagula in its cavity and that in the vagina. Should it fail continue the grasp of the uterus with the hand upon the outside while the other hand is introduced into the vagina, the fingers in to the uterus, and break up and turn out all clots from them. Should the bleeding continue push a piece of ice quite up into the uterine cavity and rub a piece of ice over the abdomen; give brandy with another ʒi of ergot; pass the catheter, as a distended bladder is an untoward condition, interfering with uterine contraction. If the

hemorrhage continues or returns and syncope is approaching, remove the bolsters from under the head and elevate the foot of the bedstead, place ice in the vagina; apply continually cold over the abdomen by rubbing it with ice, or flopping the abdomen with an ice cold towel, and if the uterus has again relaxed in spite of the pressure, pass the cold hand into the uterus and press upon the aorta, or this can be done by the fingers of an assistant pressing it just below the umbilicus against the spinal column, avoid compressing the vena cava ascendis; with one hand in the uterus gently press the uterus with the other outside. Knead it until it contracts, grasp its fundus, causing it to expel it, together with any coagula present. Should the hemorrhage continue, Fosbender's method may be tried. This consists in introducing one hand high up along the posterior wall of the vagina, gently pushing up the posterior *cul-de-sac* until the posterior broad surface is brought in apposition with the palmer surface of the hand. This the enlarged, relaxed walls of the uterus enable us—by pushing down the uterus with the other hand—readily to do. The womb is now pressed between the two hands whereby the broad antero-posterior interior walls are brought in apposition, and as the hemorrhage is venous it is certainly arrested and time given for the formation of the thrombi in the uterine sinuses and for the woman to rally. The pressure may be continued for ten or twenty minutes, or longer, until there is no farther hemorrhage or disposition for the uterus to relax.

If a tendency to relaxation with hemorrhage continues give brandy as occasion requires; continue the pressure upon the aorta; this not only arrests or lessens the discharge of blood but retains the greater part of it in the upper part of the body. But this tendency to relaxation and recurring hemorrhage continues, the pulse a mere thread and the surface and extremeties cold, it is manifest the cold application cannot longer do good, by farther depressing the system must do harm. The time has come for hot instead of cold application; give the patient hot toddy and introduce the nozzle of a Fergusson syringe into the uterus, carrying it well up and wash out the uterus with hot water 110° as recommended by that most reliable accoucheur Lombe Athill. This frequently acts most happily, arresting the hemorrhage and causing the womb to contract firmly and permanently. After the womb is contracted well and the hemorrhage is arrested, continue the hand upon the uterine tumor, pressing it gently but firmly and pressing it in the brim of the pelvis. After we are satisfied that there is no longer a tendency to relax make a compress by folding a towel several double, which should be placed over the uterine tumor and over this a firm binder, bringing it well down over the pelvis and as tight as the woman can bear with comfort.

Barnes would apply the bandage to prevent or control hemor-

rhage, recommends it for that purpose. Never do so; it is utterly unfitted for this purpose; cannot possibly prevent or cure the hemorrhage; might mask it; is in the way; is infinitely worthless compared to the hand for this purpose, but after the hemorrhage is arrested and the womb is contracted it is exceedingly valuable, and should never be neglected. Playfair very properly objects to Barnes' use of the bandage in these cases and this objection of Playfairs' is the more striking as he accepts most of Barnes' crochets.

But possibly after all we have done this fortunate time for the application of the bandage has not arrived. The inertia and hemorrhage still continues; the patient shows signs of great prostration; fluids swallowed are not absorbed, but after a time rejected by vomiting; the exhausted vital powers and nervous system fail to respond to any and every excitant; we must now imitate Nature's great hæmostatic, thrombosis, coagulation, and fortunately chemistry furnishes us with a sure means of accomplishing this, in the sol. per sulph. of iron. Take two ounces sol. per-sulph. of iron to six ounces of water, and with a Fergusson syringe, wash out the uterus as we had done with the hot water. This immediately arrests all bleeding; coagulates the blood in the uterine cavity and uterine sinuses; contracts, corrugates, constringes the inner uterine surfaces, and all this independently of all vital action; *fas et nefas* the bleeding is arrested, the womb contracted, and we are now saved any further anxiety from this source.

Unfortunately, this remedy is not always as safe as would be desirable, but at worst we have only substituted a lesser for a greater risk, a thing we are always justifiable in doing. We have exhausted every other resource; the continuance of the hemorrhage would certainly kill, while the iron in question, if not deferred too long (and this we should be careful not to do), will, in all probability, save her.

After the arrest of the hemorrhage by the iron injection, we should not knead or handle the uterus. No further handling is necessary, and would only do mischief.

In all cases of great exhaustion from hemorrhage, the after treatment of the patient requires our careful consideration. The distress that follows reaction is best met by a hypodermic injection of morphine, which relieves the headache and nervousness, and produces sleep. After sufficient rest the child may be applied to the breast, provided the woman is not too much exhausted. The bladder should be emptied with the catheter. Warm toddy, wine or milk punch, with soft eggs, essence of beef and rich milk should be administered according to the wants of the system. The room should be kept cool and clean, and the patient perfectly quiet. The visits of all anxious friends or meddlesome crones should be interdicted, and her convalescence carefully watched over.

DR. COLES:—The apparent hereditary tendency to post partem hemorrhage to which Dr. Maughs has alluded, reminds me of a case of a lady who was delivered by forceps by a female practitioner, serious hemorrhage ensuing after delivery. I found the patient bleeding very profusely, and it was with difficulty that she was kept in bed, so great was her agitation. I tried all the remedial measures just spoken of, with the exception of the per-chloride of iron. I have since been induced to attribute the hemorrhage in her case, to the excitement due to fear of what actually occurred. Long before she was confined she affirmed that she knew she was going to bleed to death; that her mother and one of her sisters had bled to death, and she knew the same fate awaited her. And so it really happened that she did have a fearful hemorrhage. Assuming the hemorrhage in this case to be due to the condition of the nervous system, I addressed my therapeutics entirely in that direction. It is true I introduced ice into the uterus, and that organ responded very well while the ice was within its cavity, but almost as soon as the ice melted or was withdrawn, the uterus relaxed again. Notwithstanding the administration of ergot, and the use of ice and cold applications, tht uterus still tended to relax and fill with blood. Meanwhile she was almost on the verge of insanity; I then injected atropia hypodermically and with a very happy effect; the uterus contracted and she had no further hemorhage. With her second child the history of the hemorrhage was almost exactly similar.

When about to be confined with her third child, she sent for me almost every day, for two weeks before the event, declaring that she was going to bleed to death this time. Labor came on, and progressed very well, and the uterus contracted promptly. She appeared to be much pleased with her escape from hemorrhage, and under this feeling of confidence the uterus remained well contracted for a while, but she suddenly became anxious, the uterus relaxed and rapidly filled with blood. I resorted at once to the hypodermic injection of atropia and she got along very well. After this labor there was something like a puerperal mania for a week; whether this was in any way related to the use of the atropia or not, I cannot say. She attempted to strangle her child one day. In my judgment this act was entirely referable to the general nervous prostration which had characterized her case before labor.

A very interesting and instructive paper has been written on this subject by Dr. Black, of Virginia. The author states that he has often met with this nervous condition, and he thinks he has been able to detect, and predict a tendency to hemorrhage by the peculiarities of the pulse, in such cases, which denotes an unusual degree of mental excitement or perturbation. He advises us to do all we can to impart tone to the nervous system, under the assumption that the superinducing cause of the hemorrhage lies in this direction.

Dr. S. G. Moses:—I have thus far been remarkably fortunate in never having seen a single case of death from hemorrhage after labor. I think a very important point of practice as regards post partem hemorrhage, is the early rupture of the membranes. Dewees advocates this procedure as one of the most powerful means of preventing such hemorrhage. In confirmation of the practice, I will mention a case occurring to me in 1849. A lady who had had many children, greatly dreaded the flooding which always followed her labors. When I first saw her, she informed me of this fact. She was a large person, of very relaxed fiber. Being prepared for the difficulty in the case, I was of course, to some extent, forearmed. Finding the os well dilated, I ruptured the membranes very early, and in order to support the weakened abdominal muscles, I encircled her body with a bandage, one end of which I handed to the nurse and the other to her husband, directing them to make continuous traction during the pains. I allowed the labor to progress, as it did, very slowly, rather retarding it, and when the head had engaged pretty well in the pelvis, I administered a large dose of ergot. There was no flooding just after delivery, and the patient recovered without losing any more blood worth mentioning. This case is only one of many, in which I believed that the early rupture of the membranes has prevented the flooding.

It has been my practice for many years, after satisfying myself as to the presentation, to rupture the membrane as soon as the os is dilated; I am sure that this practice has saved me many hours of care and anxiety. The treatment advocated in Dr. Maughs' valuable and exceedingly practical paper, is admirable in all respects, though he has omitted to mention partial inversion as one of the causes of post partem hemorrhage; this I have seen in several instances, mostly in consultation with midwives.

I have no dread of introducing my hand into the uterus; I have never seen any evil effects follow the procedure, and whatever authors may say upon this point, or the dread of the profession may be in regard to it, I have not hesitated to do so when necessary, grasping and detaching the placenta, and to make sure that the uterus is firmly contracted upon my hand whose presence is itself a powerful stimulant of uterine contraction.

Dr. Wesseler:—Would it not be proper to administer opium in cases like that described by Dr. Coles?

Dr. Coles:—In such cases Dr. Meigs advises teaspoonful doses of laudanum. The opium acts as a cerebral stimulant, and the patient can stand large doses of it. Where the hemorrhage has not been dangerous I always give opium afterwards; and, perhaps the drug may even be administered advantageously at an earlier period. But as we cannot predict the hemorrhage it

would not be advisable to prescribe opium to a woman in labor, merely through apprehension of hemorrhage. The hypothesis under which I use atropia has been verified by many experiments. Dr. Hodgen has made some of them. The object in using this drug, is not to produce contraction of the vessels, but to cause closure of the patulous vascular orifices by inducing contraction of the muscular fibers of the uterus itself. Hence, to produce this effect we utilize the power which belladonna possesses of stimulating the ganglionic system of nerves. This system is, without doubt, very much subjected to the influence of the brain, and, hence it is not difficult to understand the dependence of post partem hemorrhage upon the mental psychical conditions. Where hemorrhage has actually occurred, a prompt application of per-sulphate of iron, as a hæmostatic is directly indicated, but the action of the remedy, however effective, does not seem to me to strike at the root of the matter. Besides making these local hæmostatic injections, it is well to stimulate the nervous system, and especially excite contraction of the uterine fibers, directing our efforts in this respect to the nervous system, through whose controling influence the uterine tissue is most surely commanded.

DR. MAUGHS:—In the short paper I have read, I have been obliged to omit a consideration of the very numerous cases of post partem hemorrhage. Paralysis of the placental site and uterine inertia are causes of hemorrhage usually dependent upon diseases of the heart and kidneys. I purposely said but little about the prevention of post partem hemorrhage. Opium was once a favorite remedy with some physicians, but it has now dropped out of use. Our knowledge of the action of opium would not encourage us in giving it in these cases. It prevents uterine contraction. We all use opium in impending abortion, to restore uterine action. I am fully in accord with Dr. Moses, with respect to the efficacy of an early rupture of the membranes, in preventing post partem hemorrhage. Hemorrhage after labor may be prevented. Its occurrence is greatly affected by our management of this stage of labor. As we grow older and learn more of the management, we also have less fear of the failure of our treatment of these cases. Some twenty years ago, I was called to see a lady in labor with her second child. After labor she had a fearful hemorrhage which I could not control before she was almost *in extremis*, The first child had been delivered under the greatest difficulty by Dr. Wilcox, and she came so near flooding to death that he warned her never to be delivered by a midwife. I gave her the same admonition. After a year or two she was again pregnant. One morning early after daybreak a boy came galloping to tell me his mother was dangerously ill. She had died before the boy got out of sight of the house. She had sent for a midwife, who seeing no difficulty in the matter, assured her that she was doing well and that

it was not necessary to send for a doctor. As the labor progressed she continued to affirm the same thing, until the child was born, the placenta delivered, and the family were congratulating themselves, when it was noticed that something was wrong with the woman; she had a convulsion and was soon dead. The uterus had relaxed, and a clot had plugged the cervix, but blood was poured out with a gush into the uterine cavity itself and she died of internal hemorrhage. The woman had a large, flabby, indolent uterus. She had told me that some of her relations had died of post partem hemorrhage. We must regard thrombosis of the uterine sinuses as the process which nature adopts to prevent every woman from bleeding to death during labor. We sometimes find that the womb is not firmly contracted after the placenta has been delivered, and we begin to be alarmed for the safety of our patient, but nevertheless, we are greatly disappointed in finding that very little hemorrhage occurs. In these cases the woman is saved by a thrombosis which occludes the torn opening of the vessels, both arterial and venous, immediately after the expulsion of the child. If uterine contraction alone were depended on, our patients would very frequently die of hemorrhage. But as soon as thrombi form in the uterine sinuses, hanging out like earth-worms from the placental site, hemorrhage can no longer take place. Credé's plan of pressing the uterus down towards the pelvic cavity in order to favor the expulsion of clots, is an excellent one, and one that every body ought to know of. The cord should never be pulled on; when this is done, the uterus is thrown into irregular contraction, and a premature separation of the placenta is very apt to induce paralysis of the placental site. The method of expulsion of the placenta is as follows: The accoucheur should place his left hand upon the uterus, holding the fundus in the hollow of his hand, and kneading very gently. Let the hand be thus kept upon the uterus for ten or fifteen minutes, until it is reasonable to suppose that the placenta is detached; when the uterus is felt to harden, let the hand slip under the fundus of the uterus, so as even to be posterior to it; on making pressure directly downwards in the axis of the superior plane, the placenta is driven out. I have known cases where the placenta was thus not only expelled from the uterus, but thrown out into the bed. The placenta may be thus expressed in almost any case, without any traction on the cord at all. Playfair says, "That with a little practice, the placenta and coagula may be thus entirely expelled in nineteen cases out of twenty." I will say, in nine out of ten cases.

Dr. Barret:—The method of preventing hemorrhage known as Credé's, but which is not his, for it was practiced and taught by McClintock long before Credé was ever known, should not be delayed, as Dr. Maughs' remarks would imply, until the third stage of labor is reached. It should be practiced before that

time. When the head distends the perineum the fundus should be firmly grasped, and the uterus followed down in its contraction. The hold on the uterus should never for a moment be relaxed until the placenta is delivered, and permanent contraction insured. This precaution is necessary because the placenta is partially or wholly separated by the last pains that expel the child. The shock and nervous exhaustion that follow the supreme effort by which the head is forced through the acutely sensitive structures of the vulva, is so great that immediately following the escape of the head there is a brief interval in which the uterus refuses to contract at all; after a few seconds or more of rest a little nervous force is gathered up, and the expulsion completed. If firm compression be not maintained during this short interval of relaxation, blood escapes into the uterine cavity, washes out thrombi already formed, distends the uterus, impairs its tonicity, and thus diminishes its power as well as its disposition to contract. The main safeguard against hemorrhage is to maintain control of the uterus by never relaxing our hold upon it from the time the head reaches the perineum until the placenta is delivered, and the uterus perfectly and permanently contracted. When judiciously managed in this respect the cases in which alarming hemorrhage occurs must be rare. Certainly much may thus be done to prevent it. Nature's hæmostatic is uterine contraction. Contraction is the primary object sought in every puerperal hemorrhage. Whether we resort to ergot or to other medicinal substances belonging to its class to procure contraction, or rely upon pressure, upon cold or heat, upon intra-uterine injection of iodine, vinegar, or indeed any remedy that acts simply by reflex irritation, there must remain in the system of the patient enough nervous force to respond to the centric or peripheral irritation the remedy excites. The efficiency of all of them depends upon this condition. If exhaustion be so great that nervous irritability is destroyed, any or all of these remedies must inevitably fail. Not only are they utterly futile, but their zealous application often does harm by adding to the shock and depression already present, and thus extinguishing the last feeble spark of life that required the gentlest fanning. In cases like this, and in those cases where contraction of the uterus is impeded by fibroid and ovarian tumors, or by adhesion of its serous-tunic to neighboring parts, the intra-injection of styptic salts of iron is the only reliable remedy. It is an unfailing resource, and I believe has never failed under any circumstance in immediately arresting the bleeding; its action remotely chemical, is immediately mechanical; it acts therefore when all other remedies fail, and is an invaluable resource. I do not advocate its use except in cases where the ordinary resources have failed; but to neglect it then, would be criminal. I am disposed to think the dangers attending its use are greatly exaggerated. The confidence and safety with which we wash out the puerperal

uterus with antiseptic solutions, and the growing popularity of this practice, greatly decreases the chances of septic poisoning and removes or mitigates one of the most potent objections to the intra-uterine injection of iron.

Of the intra-uterine injection of hot water recently introduced as a remedy in post partem hemorrhage, I will say that it belongs to the first class of remedies mentioned; if nervous exhaustion be great it must fail; if it be not, cold is a more trustworthy resource, provided it be not carried too far. The intra-uterine injection of a weak solution of iodine is still more certain. The evidence I have been able to glean from my reading with regard to the efficacy of hot water injection, has not impressed me with its reliability, and my own limited experience in its use confirms the opinion thus formed.

In the hands of a German experimenter, hot water failed three times in nine, and the reports are wholly unreliable where any foreign substance remains in the uterus.

The case in which I used hot injections had abundant nervous tonicity, but there was a disposition on the part of the uterus to alternate contraction and relaxation. While the injection was kept up, the uterus contracted firmly, but as soon as it was discontinued, relaxation again occurred, and I am persuaded the patient lost more blood and the final contraction was less satisfactory, than if I resorted to the old method of cold and compression. I should hesitate to trust hot water injection in any case where prompt and decisive action was imperative.

Dr. Cornick:—It seems to me that sufficient stress has not been laid upon the danger of checking the hemorrhage with the per-sulphate of iron. I have known fatal results follow the injection of per-sulphate of iron in hemorrhoids. A dangerous pyæmia or septicæmia and poisoning of the blood will occur in a certain proportion of cases, and it seems to me that, in many cases, we may resort too hastily to injection of per-sulphate of iron to control uterine hemorrhage where other means would be equally efficacious. Within late years tincture of iodine has been recommended, and has had the same success which attends per-sulphate of iron. I do not think that per-sulphate of iron forms as firm a coagulum. The idea has occurred to me that if ergotine be injected hypodermically at the moment the head is ejected, we could have all the beneficial effects of, and avoid those which we run by the use of, per-sulphate of iron or any other powerful styptic. It occurs to me that when our experience is more extended that there will be more cases reported of injury from the intra-uterine injection of per-sulphate of iron.

Dr. Bernays:—I believe that we can always dispense with the injection of per-sulphate of iron. Sir Wm. Fergusson, about two months before he died, well remarked that "per-sulphate of iron was miserable, dirty stuff." Since then I have never used it,

and have always got along well without it. We have other means of arresting hemorrhage quite as efficiently in all cases. I believe that the intra-uterine injection of per-sulphate of iron can cause septicæmia or any other kind of blood poisoning, and I believe that, in the long run, more damage is incurred by its injection than by failing to use it. It seems to save life, but we must not forget that death from post partem hemorrhage is very rare, and that just at the moment when the blood is nearly exhausted hemorrhage stops of itself. We can not, therefore, conclude, "*post hoc*, etc.," that the injection has saved the patient by arresting the hemorrhage.

Dr. Jas. Scott:—I can not allow an old friend of mine to be so abused. In menorrhagia I rely upon per-sulphate of iron, carrying it into the uterus upon a wrapped probe, after thorough dilation of the os, and swabbing out the uterine cavity with it. I never hesitate to do this. I have never used per-sulphate in post partem hemorrhage simply because, thus far, I have been able to do without it. What we want is something to cause the uterus to contract firmly and promptly. Ergot is too slow for this purpose. When a woman's life is ebbing away under our hands, we have no time to wait for the action of ergot. I was impressed once by a remark of Dr. Barnes, of London, to the effect that, notwithstanding all discussion on this subject, practitioners on both sides of the Atlantic have equal trouble in dealing with post partem hemorrhage.

Dr. Ford:—It will be recollected that, five or six years ago, the journals were filled with discussions concerning the propriety of injecting per-chloride of iron into the uterus for the arrest of post partem hemorrhage. Many cases were published where trouble ensued from this practice. It was maintained that septicæmia was caused by the decomposition of the blood retained in the uterine cavity and coagulated by the remedy. Coagulation under the action of the drug is effected, I believe, not only in the blood contained in the open mouths of the uterine sinuses, but to some extent in the sinuses themselves, by endosmoses through the parietes of the vessels traveling, as they do, in the plane of the uterine tissue, so that the coagulation is by no means limited to the ends of the torn vessels, but continues farther, until the coagula actually float in flowing blood. At the same time the uterus, itself containing blood, is necessarily filled with clots. The substance of all the arguments I have read on the subject is that the uterus should be freed from clots produced by the styptic, and that the os should be thoroughly patulous, so as to allow the coagula just formed to be washed out of the cavity of the uterus, so that nothing may be left within but such thrombi as are, we may say, adherent to the uterine tissue and engaged in the orifice of the bleeding vessels. I can not see that any of the remedies suggested are sufficient to meet all exigencies. We sometimes

meet with a case in which, having tried all these things—cold, hot water, compression, and perhaps even compression of the aorta—without success, nothing is left but to induce contraction of the uterus by the injection of some stimulating substance which will, at the same time, produce coagulation of the blood in the mouths of the vessels, such as per-chloride and per-sulphate of iron, alcohol and Churchhill's solution of iodine, which has been strongly recommended lately for that purpose. They all come under the same general head, and I believe that safety in using any of them depends upon taking care that no clots remain in the uterus. With this limitation, I can see no danger in employing these hæmostatic injections. I treated a case myself, some years ago, in this way, where, in consequence of previous recurrent hemorrhages due to the presence in the uterus of an adherent lobule of placenta, the woman had almost bled to death, although all the remedies had been tried that were accessible. Everything failed to arrest the hemorrhage until I tore off the adherent lobule and injected the uterus with per-chloride of iron. In that case I injected a weaker solution first, for the purpose of washing out the clot as fast as the blood in the uterus was coagulated by the styptic, gradually increasing the strength of the injection by adding more of the per-chloride to the vessel from which the syringe was filled. There were no outward consequences whatever, but the case was so grave that I had a transfusion apparatus with me, and was on the point of using it, for the woman was almost pulseless, while the blood was welling out from the uterine cavity; and her head had to be kept hanging over the edge of the table to prevent her from fainting, and perhaps dying.

Dr. Maughs:—Doubtless the per-sulphate of iron is not as safe a remedy as we would like, but, rather than let a woman bleed to death, I would use it.

Dr. Kennard:—The rules laid down in all our standard authorities are so correct that the student can hardly go astray. But, as a substitute for per-sulphate of iron, I consider that a French preparation, viz.: phenol sodique, which I have used for the last fifteen or twenty years, is far superior to either per-sulphate or per-chloride of iron. With it we may check hemorrhage more effectually than with anything else. I used it in the case of a woman, lately, who had incised her tonsil so that she almost bled to death. I tried per-chloride of iron and every other application. Whenever she coughed the hemorrhage would start afresh, and I only succeeded in arresting it with this article.

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OFFICE OF

Trommer Extract of Malt Co.

FREMONT, OHIO.

FREMONT, Ohio, April, 1878.

DEAR SIR:—

It is now five years since we first introduced and began the manufacture of Extract of Malt in the United States. It has been our aim to furnish the medical profession in America with a malt-extract equal to the best German make, and (by saving the expenses of importation), much cheaper than the foreign article can be afforded. For the manner in which our efforts have been appreciated by the medical profession, we desire to express our warmest thanks.

The difficulties attending the manufacture of Extract of Malt in large quantities, can be overcome only by that kind of skill which is acquired by experience. Its constituents must receive no injury by the process, and good flavor and keeping quality, adapting it to all climates, must characterize the product. All are familiar with the striking difference between certain celebrated brands of ale and porter—and yet the poorest as well as the best, is, or should be, produced from barley malt and hops. Success greatly depends, of course, upon the employment of none but the best material; but it is by the use of specific and long-tried procedures that results are obtained which are so difficult to rival.

We do ourselves but simple justice, in stating that our *entire attention* is, and for many years has been, *exclusively* devoted to the manufacture of Extract of Malt for medicinal purposes, and that we give our undivided personal attention to each step in the delicate process by which Extract of Malt of excellent quality can alone be made.

Under these circumstances, it is unreasonable to suppose that the various manufacturers of fluid extracts, elixirs, pills, etc., (who attracted by the high reputation of our Etract of Malt), have recently in various sections of the country, undertaken the manufacture of a similar article, should generally succeed in producing it of a quality according to the fulsome praise with which their advertisements are filled. While being perfectly willing to let the reputation of our Extract of Malt rest upon its real merits, we owe it to the medical profession, as well as to ourselves, to give warning against imposition.

It has come to our knowledge that certain articles extensively advertised as "pure" and "genuine extract of malt," are composed chiefly of the substance called GRAPE SUGAR or MALTINE, which, as is well-known, is the product of the action of sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar or glucose, which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery sugar house syrup, "strained honey" native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and sugar cane.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add, that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of diastase, is now being offered for pure malt extract.

It is *malt extract* prepared from barley malt combined with the proper proportion of hops, that has been for many years the standard medicinal nutritive employed by the medical faculty of Europe, and especially of Germany. Its value has been established by experience, and its use in the treatment of almost all forms of disease of nutrition is constantly extending. We shall continue to devote the most scrupulous attention to the maintenance of the reputation of our malt extract, by the careful selection of material and by unwearied personal attention to manufacturing details.

Attention is respectfully directed to the accompanying extract from Ziemssen, and also to our circlular and testimonials elsewhere printed.

Very respectfully,

TROMMER EXTRACT OF MALT CO.

FROM ZIEMSSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE, VOL. XVI, PAGE 474:

"The Malt Extract prepared from Trommer's receipt is designed to fulfill much the same purpose as cod-liver oil, carbo-hydrates (malt sugar, dextrine), taking the place of fatty matter. The simple (much or little hopped) and the chalybeate form of Malt Extract are coming more and more into favor as substitutes for the oil; they are more palatable and more easily digested, and should, therefore, be preferred in the dyspeptic forms of anæmia. During the last few years Malt Extract has almost entirely taken the place of cod liver oil in the treatment of phthisis, and other wasting diseases at the Basle Hospital, and we have as yet found no reason for returning to the use of the latter remedy. The Extract may be given from one to three times a day in doses varying from a teaspoonful to a tablespoonful in milk, broth, beer or wine."

Saccharated Chloro-Pepsine

The Best Remedy for Nausea and Vomiting in all forms,

ESPECIALLY OF PREGNANCY, INDIGESTION & DYSPEPSIA, ALL FORMS OF GASTRIC DERANGEMENT, ATONIC DIARRHŒA, INDIGESTION—DIARRHŒA OF CHILDREN, Etc., Etc.

Vomiting in General is a reflex act due to an irritation either within the stomach—whether the irritant be introduced as such, or the irritation proceeds from over-distension of the organ or fermentation, decomposition of food—or without the stomach, the sympathetic variety.

Vomiting of Pregnancy is an example of the latter part.

A supply of *pure* pepsine, or any or all the gastro intestinal digestive principles, fails to remedy the trouble. Why? Simply because this *functional derangement* of the GASTRIC SYMPATHETIC SET OF NERVES *requires that the remedial agent shall be especially addressed to this portion of the nervous system.*

Realizing this fact, I have prepared a compound **SACCHARATED CHLORO-PEPSINE,** in strict harmony with the pathological indications to be met, as may be attested by a perusal of the formula given below.

The Indigestions.—Indigestion, when due to deficiencies of gastric secretion, atony, or hyperæsthesia, always demands an artificial aid to digestion, in addition to regulation of diet. Pure saccharated pepsine has been used until lately; now, however, it is further reduced in strength by the partial substitution of pancreatine, the intended action of which is prevented, *since pancreatine itself,* as the physiology of digestion plainly teaches, *is decomposed by gastric digestion.* My compound not only supplies the necessary amount of pepsine, but also the *Cerium,* which, acting as a sedative tonic, overcomes the hyperæthesia of the gastric nervous supply, and hydro-chloric acid (the normal acid of the gastric juice) is generated within the stomach by the liberation of chlorine from the lime (oxychloride).

Further, the *Saccharated Chloro-Pepsine* has a very powerful and instantaneous influence in stimulating the secretion of saliva, which flows in abundance the moment the compound is placed upon the tongue. The importance of this in relation to the digestion (partial) of the starchy elements in cases of weak digestion of this class of aliment should not be overlooked.

I believe my preparation is *greatly superior* to all other compounds in the market, and to simple saccharated pepsine. Only a short time before the profession, IT HAS GAINED GREAT POPULARITY.

Testimonials received from very eminent members of the Profession attest its superiority.

FORMULA.

	gmm.
Pepsinæ Porci	**140.005.**
Cerii et Calcii Oxychloroxalat	**77.758**
Saccli. Lactis	**ad 373.241**
m **Sig., for Adults**	**10 to 15 grains a dose.**
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PROCEEDINGS

OF THE

Tri-State Medical Society

(INDIANA, ILLINOIS, KENTUCKY.)

HELD AT

SPRINGFIELD, ILL., NOV. 13, 14 & 15, 1878.

ISSUED THROUGH THE ST. LOUIS MEDICAL AND SURGICAL JOURNAL.
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PROCEEDINGS.

The Society opened with prayer by the Rev. Mr. Fullerton, of Springfield. The President, Dr. James F. Hibberd, introduced Judge James H. Matheny, Judge of the County Court of Sangamon County, Illinois, saying: "There is a gentleman here who has a word of welcome to present to the Society. I have the pleasure of introducing Judge Matheny, of this city."

Judge Matheny then spoke as follows:

MR. PRESIDENT AND GENTLEMEN:—It might appear strange and suspicious to an outsider that a judge of a court, whose special business it is to settle up dead men's estates, should be chosen to extend a welcome to you gentlemen of the medical profession, but it happens that such is not the particular occasion of my selection, but it is owing to another cause. You have all doubtless heard of that mythical personage called the oldest inhabitant, but you have rarely ever seen him. To-day, however, you have the privilege of beholding that mythical individual before you in tangible proportions. I say there stands before you to-day the veritable oldest inhabitant of all this city. Of all the thousands who now call Springfield their home, there is not a single one that was here when I came. I have witnessed the advent of all that array of doctors who, from first to last, have ministered to the suffering and wants of our people here. One after another I have seen them arrive, and the oldest I have seen depart. And some of the warmest recollections that cluster around me now are memories of the grand old men who came here half a century ago and "blazed" the way for you new comers. They were heroes in that olden time—that band of old pioneer doctors. They were not learned men like you; I doubt very much if every one of them, when called upon, could have produced a diploma that was entirely regular; but grandly and bravely they put themselves to their work. Phileo and Garling, and Todd and Jayne, and Merriman and Early; to us old men, these names are household words. However slight the call, without a moment's hesitation, these men were out upon their jour-

neys of five, ten, fifteen and twenty miles, struggling with the drifting snow, battling against the howling storm, blistered by pelting hail, plunging into the ford or swimming the bridgeless streams of this country, like true knight-errants they fought bravely and well their battles of life. They didn't stop in that olden time to inquire who was to pay. They knew their reward would come, if not in money, yet in equivalents in the shape of "wolf scalps" and "coon skins." They understood that thoroughly, and never was the cry of come and help heard by them in vain; they went. I repeat, it is more than probable, gentlemen, if they had been measured by our modern standards, one and all of these old pioneers might, to some extent, have failed. Yet I can assure you, Mr. President and members of this Society, that I can wish you no better fortune than to leave behind you as grand and glorious memories as they have left with us.

The profession, gentlemen, that you have chosen has always seemed to me the grandest of all the professions to which mankind have addressed themselves, for, to a certain extent, all the other professions are subservient and dependent upon yours. In vain all the learning and erudition of the lawyer if his body is racked with physical pain. In vain the inspired eloquence of the minister if his physical system is suffering. In vain the skilled arm of the mechanic when paralyzed by the touch of disease. Then you, gentlemen, who have the high privilege of bringing the lawyer back to the forum, the preacher to his pulpit, and the skilled mechanic to his workshop, in my judgment, are pursuing the highest avocation of man.

And I cannot but wonder at the progress which you gentlemen have made in all the mysterious departments of medical science, illustrating to the world how truly you are workers in the great cause in which you have been engaged.

And now, gentlemen, in remembrance of the old pioneer doctors who have passed away, in the name of their worthy successors in the profession now with us, and in the name of all the people of this goodly city of Springfield, I extend to you a hearty welcome. May you have a harmonious and profitable meeting. May you advance still higher the standard of your glorious profession, till you become to the suffering moral world of humanity what the sun is to the physical world, a light, a joy and a blessing. [Applause.]

At the close of the address of welcome, the President said:

"I will invite Dr. Parvin, of Indianapolis, to respond to the welcome which has been so eloquently delivered by Judge Matheny."

Dr. Theophilus Parvin, of Indianapolis, then arose and spoke as follows:

MR. PRESIDENT AND GENTLEMEN OF THE TRI-STATE MEDICAL SOCIETY:—It was expected that a distinguished gentleman from Louisville, a gentleman of the medical profession, would respond to this address of welcome—one whose name is well known to you all, and to whose eloquent words you could not but listen—Dr. David W. Yandall, but, unfortunately, circumstances have prevented his coming, and at the eleventh hour, or rather between 8 and 9 o'clock this morning, I was called upon to respond to the address.

I have sometimes wished that I was a Kentuckian when I remember the glory Kentucky physicians and surgeons have brought to American medicine, and when I recall the names of McDowell, Dudley, Miller, Rogers and others, names that must live forever in our history—

> "Tongues all dead, not lost,
> But speaking from Death's frost,
> Like tongues of fire at Pentecost."

But I confess I just now, more than ever, wish I was a Kentuckian, not simply to become an inheritor of the fame and glory of these men, but that I might have my tongue touched with some of the fire of Kentucky eloquence, so that I might give a fitting response to the eloquent welcome we have received to-day.

I remember reading, in the history of Venice, that in olden times there was a bell called the matinella, and that for a month before the Venetians sallied forth the matinella rang forth its alarm clear and far, not to arouse the Venetians themselves, but to warn the enemy of the danger of their coming, Venetians regarding it as dishonorable to attack a foe unwarned. Sometimes nowadays friends may treat friends differently from the way that foes then treated foes, for now I am expected, when there ought to be a month's warning at least, to do that which would require more than my ability, possibly even with a month's warning.

However, under the influence of the eloquent utterances that we have heard I would be untrue to myself, untrue to my profession and untrue to you if I did not make some response.

One of the sweetest speaking, one of the gentlest voiced and one of the purest hearted of English poets that ever lived once said,

> "I was born a man and I drew milk
> Sweet as Charity from human breasts.
> I think, I articulate, I laugh, I weep
> And exercise all the functions of a man.
> Why then should I or any other man be strangers
> To each other."

I am sure we cannot be strangers to each other when we are bound together by a common bond of human sympathy—by this bond of human suffering and the sympathy which inspires us to minister to that suffering. It is not in doctors, whose business is it to practice, to speak; as preachers, whose place is to preach, or as lawyers, whose place is to plead, but the sympathy is a common tie, which is born of the fact, that the entire human family is a family of sufferers. Some one has said that mankind can be divided into those who have been to Paris and those who expect to go, but certainly it can very truly be said that the race may be divided into those who have suffered and those who expect to suffer. And no one knows so well the strength of human sympathy, no one feels so keenly the throbs of that sympathy as the physician, and by that sympathy becoming a tie of brotherhood, we find ourselves bound together not only as members of a profession but bound together in a common humanity, and it is the voice of the common humanity which pleads with us. Those miseries that arise from every shore through all time call upon us for our sympathy and labor in the relief of human suffering.

But now it is not alone the profession that is benefitted by such gatherings as these, for grateful as we are to be welcomed as we are by the citizens of Springfield, we must at the same time remark that it is not merely the profession that is benefitted by our assembling. When Charles Dickens years ago plead so earnestly for the establishment and maintenance of that great public charity, the Children's Hospital, in London, he appealed not merely to sympathy for the outcast but he appealed also to the interests of the rich, declaring that the hospital would become a school of science and would bring blessings not to the poor alone but also to the rich. And I am more and more impressed every year that, as physicians meet together and consult with respect to medical knowledge and compare medical

expetience, there is born from this comparison and consultation new knowledge and new skill in the diagnosis of diseases and in the application of the remedies, for as face answers to face in water, and as iron sharpens iron, so these conventions operate to the development and increase of medical science, and by their means every member of our profession becomes a better physician or surgeon than he was before and returns better prepared to meet the wants of his clients—those who lean upon him; and how much better that term client expresses the relation between the sick and the physician than any other, for he leans upon his physician for relief in sickness quite as much as upon his lawyer for legal aid. And we can each and all carry away and leave behind here blessing for the clients of each and all so that there will be a benefit at last accruing even to the people of Springfield through its profession, from our meeting here.

And now in conclusion, allow me in the name of gentlemen of Kentucky and Indiana especially, to thank you, sir, for this kind welcome in behalf of your city. Our hearts may indeed feel more than our tongues can utter. In the old painting of the "Sacrifice of Iphigenia" it is said that the painter drew a veil over the face of Agamemnon, as if there were no power in his art to express the deep sorrow of the father at the sacrifice of his daughter. So it may be, and it is that our words are feeble to express the gratitude we feel for the kindly welcome we have received, and now gentlemen since it has been said that speech is silvern but silence is golden, and since I have given you such silver as I had, please to take my gold.

Report of the Committee of Arrangements by Dr. Griffith was then read and approved, after which papers to be read were called for, in order that the committee might be informed of their length, to aid in the preparation of the programme.

The Convention then adjourned to 2:30 P. M.

The first thing in order in the afternoon was the reading of an address to the Convention by its President, Dr. James F. Hibberd, of Richmond, Indiana, the Vice-President, Dr. Garish, of Seymour, Indiana, meanwhile occupying the Chair. The President's address was referred to the Publication Committee.

Dr. Prince, of Jacksonville, then offered some remarks on the subject of the "Metric System," of which the following is a synopsis:

The relations of the metric system to the old system of expressing weights and measures, is something the same as the relation of the figure system of numerals is to the Romam method of expressing numbers by letters and their combinations. Anyone may easily see the increased facility afforded by the use of figures over that of letters. In the metric system there is a single term; the gram and all the other quantities are either multiples or decimal divisions of this amount. Therefore, when a number of quantities are expressed, as in a prescription, the relation of the parts may be at once observed. That is, in the whole number of parts one sees at a glance what number of parts belong to one ingredient and what to another, whereas, if the quantities are expressed by the words grains, scruples and drams it is not easy to make out this relation, until they are all reduced to the same denomination, as grains, and it is often of great value to know the relation of parts to each other especially in complicated prescriptions. For example:

℞. Pot. bromide.....ℨ i.
" iodid.....ϑ i.
Tinct. card. com.....ℨ i.
Aquæ.....ℨ viii.

The mind does not at a glance perceive the proportionate relation of the ingredients. Let this be written in the metric style and the proportions are seen at once:

	Grams.	Cent.
℞. Pot. bromide	32	...
" iodid	1	25
Tinct. card. com. (C.C.)	4	...
Aquæ (C.C.)	256	....

Thus in 296¼ parts, one and one-fourth are iodide of potass., four compound tincture of cardamon, thirty-two bromide of potass, and 256 are water.

This single feature of the metric system of showing the

relations of the parts to each other should be enough to recommend it to the profession, as it certainly greatly assists in making a prescription rational.

For ordinary use it is sufficient to call the gram one-quarter of a dram and the grains one-sixth of a gram.

The Boston Metric Bureau suggests the drawing of a line between grams and centigrams like that drawn between dollars and cents, thus:

	Grams.	Cent.
One grain, gr. i, is equal to	...	06
One scruple, ℈i, is equal to	1	25
One dram, ʒi, is equal to	4	...
One ounce, ℥i, is equal to	32	...

The cubic centimeter of water at 39.1°F. weighs a gram. Therefore, when it is desirable to prescribe a fluid, it is only necessary to write (C. C.) before the number, thus:

	Grams.	Cent.
One min. or gram is equal to (C. C.)	...	06
One fluid dram is equal to (C. C.)	4	...
One fluid ounce is equal to (C. C.)	32	...

Anyone familiarizing himself with this system will readily perceive its advantages over the old. But it is new, and therefore meets with difficulty in obtaining that amount of attention which is necessary to discover its merits. It must, however, finally triumph, and let physicians commence the work by writing their prescriptions after this method, and a step will be taken in the right direction.

DISCUSSION.

DR. FAIRBROTHER:—Mr. President, I do not think any of us who have considered this matter have any doubt of the value of the use of this system in this country, or of the disadvantage we labor under from not having it, owing to its adoption in France and Germany, and to a considerable extent in England, so that all our translations in this country meet with considerable difficulty in this respect, it being necessary to translate the metric system into our own irregular and unsystematic method. But now the question arises as to the best mode of securing its adoption and enforcement in this country. Dr. Prince, on my left, informs me that it is already practically enforced in Jacksonville. Congress has already considered the matter, but met with considerable obstacles. It occurs to me that the matter could be worked up a little, and its progress assisted somewhat by the

recommendation of such societies as this; recommendation to our State Legislature to take some action looking to the adoption and enforcement of the metric system in weights and measures in this country. It seems to me quite suitable for this Society to pass a resolution embodying that idea, and I might move that this Society, Tri-State Medical Society of Indiana, Illinois and Kentucky, approve of the metric system as adopted by France, Germany and England, and recommend to our several State Legislatures to take some action looking towards its adoption and enforcement in this country. I make that motion, sir.

DR. BEARD:—While I have no objection to this resolution in itself, I have an objection to any such resolution coming before this Society. Members of this Society know my views upon this subject, for they have heard me express them before. In my opinion this is not a Society to take cognizance of any ethical matters. They should go before the State and National societies, and not before a tri-State body.

DR. OWEN:—Dr. Beard has said what I was going to say, and I will add that we can accomplish it more readily and advantageously by each one of us adopting it ourselves, whereby our directions would be enforced, and in that way it would be but a short time before the system would come into use. Quite a number of our physicians use it already, and the druggists are getting to understand it. It is very easy, and I think by advising the members of this convention, rather than by advising any legislation upon the subject, the object may be best accomplished.

A speaker unknown to the reporter added a remark to the same effect as that of Dr. Owen, continuing that a law would not reach the matter, for, unless he was mistaken, there was no statute determining what system should be used. He would, however, very willingly recommend the metric system as desirable from its simplicity.

The question being taken upon the motion made by Dr. Fairbrother, it was lost.

DR. BUCK said he was a little disappointed that Dr. Prince had not supplemented his paper with some exercises in the way of a practical demonstration upon the blackboard, and offered to procure the blackboard if the doctor would favor the Society with an illustration of the simplicity and advantage of the system.

The Modes of Administering Mercury in Syphilis. By Joseph W. Thompson, M. D., of Paducah, Ky.

It is very generally conceded, and, I believe, correctly so, that mercury is the only true antidote to the poison of syphilis.

Other remedies have proven to be valuable adjuvants to mercury in the treatment of this disease, and we should avail ourselves of them when indicated.

If any mode of administering mercury possesses advantage over another in the treatment of syphilis, we should endeavor to fully establish the claims of that peculiar method in the minds of the profession. There are four principal modes of introducing it into the system, and each has its able advocates.

The subcutaneous administration of mercury has not been received with much favor by the profession. Lewis, of Berlin, is the most zealous advocate of this plan, and he has enthusiastic followers. The preparations generally used hypodermically are the bichloride, the bin-iodide and bicyanide, preference being mostly given to the albuminous solutions of the bichloride. More prompt impression can be produced by the subcutaneous method than by either of the others; hence when that is desired this plan might be resorted to. My observation is that either of the various preparations of mercury used subcutaneously produces such local irritation and pain that few patients will submit to systematic treatment.

A patient with from twelve to twenty distinct painful sores from the use of the needle is in anything but a comfortable condition, notwithstanding every effort he may make to mollify the irritation through the cleanliness absolutely required.

In the last September number of the *American Practitioner* is an article "On the Modes of Administering Mercury in Syphilis," by Dr. John Duncan, Surgeon to the Royal Infirmary, Edinburgh, in which he states, after a very careful analysis of the subject, that "the subcutaneous injection of mercury is only applicable to exceptional cases," and I believe his opinion is well founded.

Sir B. Brodie, following the teaching of Mr. Pearson, advocated very forcibly the inunction treatment, contending that mer-

cury given internally, in the majority of cases, produced such irritation of the bowels that it could not be borne a sufficient time to effect a cure. In Brodie's day mercury was administered orally too freely, and with so little discrimination that bowel trouble did result. But, under the present improved mode of giving it in small tonic portions, that effect is very rare. For a time after Brodie's day the rubbing in of mercury lost favor with the profession, but has been revived and much improved by Seigmund, who is now acknowledged the most able exponent of this mode of using mercury. As practiced by Seigmund, it is probably as successful as either of the other modes. It is not, however, as available in private practice, because few patients can be induced to make a methodical application of such an uncleanly and troublesome treatment. While rubbing mercury on the body, the most rigid cleanliness should be observed. In hospital practice, where orders are enforced under discipline, this can be secured.

My experience decides me to prefer moist mercurial fumigation in the treatment of syphilis. I am convinced that it is, of all others, the most prompt and reliable way, but it is subject to the same objection mentioned in connection with the inunction practice. Like that, however, it can be successfully applied in hospitals. When I have a reasonably intelligent patient, on whom I can rely to use the vapor bath faithfully, I invariably prescribe it, and direct its application by the simplest apparatus in use. The patient's body should be enveloped in a long flannel gown, distended with hoops, as advised by Mr. Henry Lee, of London, and the bath should be taken immediately before going to bed. The hoops should be removed and the patient required to sleep in the gown, with sufficient additional covering to produce a gentle diaphoresis. As a rule, it will suffice to use the bath every second night, but if the disease be making rapid progress, and the strength of the patient will admit of it, I repeat it daily. I now invariably use calomel fumigations (from 20 to 40 grains), and am convinced that it is to be preferred for the moist vapor.

The action of the vapor is both local and general. Any lesion which it directly reaches heals more readily than others not accessible to its topical action. That it also impresses the system is evidenced by iritis, throat affections, and other parts inaccessible to its direct action, yielding readily. Mercury used in this

way influences the circulation without producing the slightest ptyalism, only in exceptional cases, and these arise from having taken mercury in some other forms, most generally, when judiciously given, by rinsing the mouth after each meal with a warm solution of chlorate of potash, and the free use of the brush. If cleansing the mouth, as suggested, were more rigidly observed, the mercurial treatment of syphilis would not meet with the opposition that now prevails.

In syphilitic affection of the skin the moist vapor gives relief much more promptly than either of the other modes, and even when it is inconvenient to be given is this condition regularly, I should advise an occasional bath, in any event, in conjunction with either of the others. I do not confine my patients to the room whilst under the vapor treatment, but allow them to go about their usual avocations, avoiding as much as possible exposure to inclement or changeable weather and I have not observed unusual susceptibility to colds. There can be no doubt but that exposure to cold damp air interferes with the thorough action of mercury, and that if patients were confined to a moderately warm room a good portion of the day, its results would be more satisfactory, though as above intimated such confinement is not imperative. Boerhaave long since recorded his experience that if patients exposed themselves to cold air, the good effects of mercury would be much impaired, and Mr. Pearson observed the same.

Where the symptoms are not too urgent I advise warm alkaline baths daily, followed by friction of the body for two weeks previous to commencing the mercurial fumigation, which facilitates the case—the functions of the skin being thoroughly aroused. Whilst administering the vapor, I require the patients to take two warm alkaline ablutions each week on the nights when the fumigation is not used. By observing that course cleanliness is secured and the skin kept in condition for prompt action. Alkaline salts and alkaline waters taken in connection with the mercurial course has seemed to be beneficial.

The profession generally do not realize the difference between the modes of giving the vapor bath as prescribed by the late Laughton Parker, and prescribed by Mr. H. Lee. Parker directed from half a pint to a pint of water for each bath, whilst Mr. Lee recommended only an ounce. The quantity of vapor from a pint of water is liable to produce such excessive diapho-

resis that much of the mercury is by means of it carried off the body; moreover the excessive perspiration produces debility, and renders the patient liable to take cold in changeable weather from over-relaxation of the skin. The quantity recommended by Mr. Lee produces only slight moisture of the body and is not attended with excessive diaphoresis, but yet renders the skin sufficiently active. We therefore obtain all the therapeutical advantages without the objectionable features. Lasting gratitude is due Laughton Parker for bringing to the notice of the profession, the moist mercurial vapor treatment of syphilis. But as is the case in most all important discoveries, there was something left for the future to improve, and Mr. Lee's modification adds much to it value.

The oral method of administering mercury on the tonic plan has proven very successful. It is so readily taken in that way, and without inconvenience to the patient, insuring greater punctuality in its administration, that it is more generally adapted to private practice than either of the other methods, and I have used it in this way in the majority of cases. I prescribe it in tonic doses, much after the plan of Keys, and am satisfied that mercury is a tonic to the circulation when given in small portions, and Key's scientific experiments seem to establish that beyond question.

My deductions are that the painful effects of the subcutaneous mode preclude its use, except in cases where the peculiarities of the patient will not admit of either of the other methods. The mercurial fumigation, when properly applied, is the most prompt and reliable, but, like the inunction plan, is difficult to have rightly administered in private practice, and hence, for a majority of cases outside of the hospital, the oral method is the best.

DISCUSSION.

DR. FREELAND inquired for what purpose the author of the paper suggested the rinsing of the patient's mouth, and asked further what advantage there could be in the administration by fumigation or hypodermic injection to overbalance the ulceration.

DR. THOMPSON replied that cleansing the mouth of the patient kept the tongue in good condition, as well as the mucous membrane of the mouth. He had seen patients who could not take mercury in any form. Such cases were very rare—so rare

that he had hardly ever resorted to hypodermic injection. But the cleansing of the mouth in the oral administration of mercury was very important. With this precaution he had given mercury for three years or two years and a-half consecutively, without the slighest symptom of unpleasantness. It was his custom to remind the patient to cleanse the mouth and to examine to see that he did cleanse it. Experience had satisfied him that salivation was not so much the effect of a poisoned system as resulting from the local condition of the mouth. He made it a point to examine the mouth every week or two, and he had rarely ever had any trouble where this precaution was taken.

Dr. Keller:—For the last two years he had peculiar opportunities at the Hot Springs, of observing the effects of mercury administered in various modes. As to the hypodermic use of mercury he had long since found that it was liable to occasional local irritation, extremely unpleasant, and had abandoned it. Mercurial vapor or fumigation he considers the safest mode of treating syphilis—or rather by hot baths for the production of diaphoresis. The inunction of mercury he had never permitted himself to use. Within the last few months he had seen several patients afflicted with a terrible salivation from this mode, and the effect would come on unexpectedly. He had seen it used, the application made at night, till the sheets became actually metallic—mercurial cases. Sometimes a single dram of it produced a degree of constitutional effect that was insufferable, and he thought it produced a disease worse than the specific trouble to be treated. He did not believe that syphilis could be cured with all the mercury and potass. that could be given the patient without acting upon the skin, and at Hot Springs twenty times more potass. and mercury could be administered than at any other place in the world. A bath of ninety-eight degrees natural heat produces more diaphoresis than any artificially heated water he had ever tried. As to the best preparation of mercury to be used, he thought it should not be given in a dry form. He considered the black or gray oxide of mercury as the most infallible—to be administered in connection with a bath of thirty minutes, commencing with ten or fifteen grains and going up to half a dram if the bath was hot enough. By means of the baths the use of mercury could be forced to ten-fold greater extent than in any other way, and he thought sufficient mercury or potass. could not be given without sufficient heat

for the production of diaphoresis, nor so well in any other way. He had seen the use of jaborandi suggested in connection with mercury and potass., with a view to the effect upon the skin, and he heard a surgeon say that he had cured twenty cases of syphilis without the use of mercury, simply with iodide of potass.

DR. HOLLOWAY said it seemed to him that a meeting of a medical society of any kind would be imperfect without a discussion of the treatment of syphilis. He would premise what he had to say by stating his firm belief that syphilis was a self-limiting disease, and tended to run its course and disappear without treatment, which belief was the basis of his own treatment, so that in the management of a case, whatever mode of treatment might be adopted, he strove to subordinate it to keeping up the general health. The internal administration of mercury, as it was the most universal, he regarded as also the best in its rapidity of influence and tonic effect, except in cases where, on account of some peculiarity, that mode could not be tolerated, and where resort must be had to other methods named, each of which had its advantages. His experience, however, taught him that, next after the internal administration of mercury, inunction was the best, and as this method was appropriate only to such cases as were very easily influenced by mercury, there was not required that extensive degree of inunction referred to by Dr. Keller as prevailing at the Hot Springs. But wearing a small portion of mercurial ointment in the sole of the shoes would sometimes suffice, or else simply saturating the sock would accomplish all that was desirable by this mode, and he had known inunction to be successfully applied by swathing bands smeared with a little mercurial ointment. Quite a number of cases in hospital and private practice had come under his observation and it was quite astonishing how quick the disease would yield to the influence of mercurial inunction. As to the vapor bath as administered in hospital and private practice, his experience had been unfavorable. He had not tried it himself so much, but he spoke from effects he had observed in its use by others, and he must say that where it was desired to get the constutional effect of mercury, at the same time keeping up the general health, the administration by the vapor bath was not as successful as by other means, for if the physician used heat enough, even without water or with a small quantity of it, he

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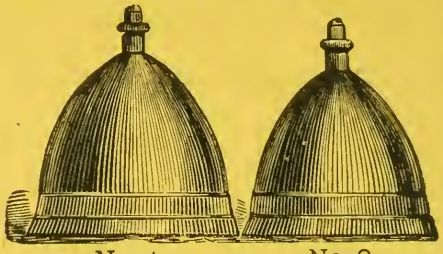

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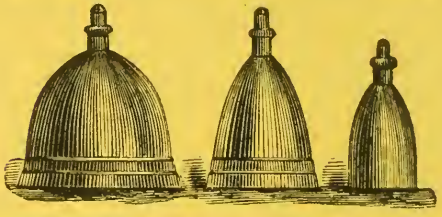

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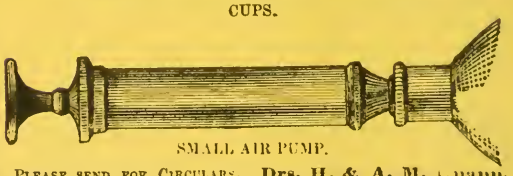

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